

**REPORT ON INSPECTION TO DETERMINE COMPLIANCE
WITH THE EMERGENCY PLANNING AND COMMUNITY
RIGHT-TO-KNOW ACT OF 1986 (EPCRA),
SECTIONS 302, 304, 311, AND 312**

**E.B. EDDY PAPER COMPANY
PORT HURON, MICHIGAN**

**TDD: S05-9603-025
PAN: 6M2501SIXX**

DECEMBER 18, 1997

**U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF CHEMICAL EMERGENCY PREPAREDNESS AND PREVENTION
77 WEST JACKSON BOULEVARD
CHICAGO, ILLINOIS 60604**



ecology and environment, inc.

International Specialists in the Environment

33 North Dearborn Street, Chicago, Illinois 60602
Tel. 312/578-9243, Fax: 312/578-9345

recycled paper

I Introduction

Ecology and Environment, Inc. (E & E), which is a Superfund Technical Assessment and Response Team (START) contractor to United States Environmental Protection Agency (U.S. EPA) Region V, was tasked under technical Direction Document number S05-9603-025 to conduct inspections of pulp and paper mills.

Company Identification

Facility Name: E.B. Eddy Paper Company
 1700 Washington Street, Port Huron, MI 48060
Responsible official: Ms. Christine Lupu
 Title: Manager, Environmental Engineer

II Date of Inspection

1. Initial Contact by Telephone: August 13, 1996
2. Inspection Announcement Letter: August 19, 1996
3. Inspection Date: August 30, 1996

III Participants

Christine J. Lupu	Environmental Engineer E.B. Eddy Paper Company
Stephen J. Bently	Technical Director E.B. Eddy Paper Company
Dick Wagner	Resident Manager E.B. Eddy Paper Company
Randy McNealy	Utilities Superintendent E.B. Eddy Paper Company
Raghavender Nagam	Inspector, Ecology and Environment, Inc. Superfund Technical Assessment and Response Team (START) contractor

IV Objectives

The inspection was conducted to document the facility's reporting practices and to determine its' compliance with CERCLA 103 and EPCRA regulations, Sections 302, 304, 311, and 312

V Background

E.B. Eddy Paper (E.B. Eddy) Company is a paper manufacturing facility that has been in operation since 1888. The facility purchases processed pulp and utilizes 4 paper machines to

produce approximately 350 tons/day of paper. The facility employs about 300 full-time employees and is a subsidiary of E.B. Eddy Forest Products, Ottawa, Ontario, Canada.

The E.B. Eddy Company uses 4 paper machines to produce paper of different varieties. Paper machine #6, #7, and #9 are old machines while paper machine #8 was rebuilt in 1989 to increase its capacity. The facility installed a gas fired hood on paper machine #8, and was required by the State to conduct volatile organic compound (VOC) monitoring.

The facility employs one coal boiler and two natural gas boilers to generate steam. The coal boiler (Boiler #2) is also used to generate electricity (70%) that is sold commercially. The coal boiler was built in 1966, and was owned and operated by Detroit Edison Co, Detroit, Michigan. E.B. Eddy Company purchased it from Detroit Edison. The air permit requirements for this 150,000 pounds (lbs) of steam per hour (hr) pulverized coal firing boiler (69 million British thermal unit [MMBTU/hr]) include particulate emission rate not to exceed 0.28 lbs per 1,000 lbs of exhaust gases, corrected to 50 percent (%) excess air, visible emissions are limited to an opacity of less than or equal to 20%, and sulfur dioxide emissions not to exceed 2.4 lbs/MMBTU of heat input, which is equivalent to using coal with a 2% sulfur content and a heat value of 12,000 BTU's per lb. The exhaust from the coal boiler is passed through the stack and electrostatic precipitator (ESP), and opacity is monitored by continuous emission measurement system (CEMS) equipment. The facility collects sample every day, and analyses a composite sample every week. The gas Boiler #4, constructed in 1937, is rated at 91 MMBTU/hour and the gas Boiler #5, constructed in 1968, is rated at 196 MMBTU/hour. Both these gas boilers are used as backup units. The facility indicated that they are not required by the State to do any monitoring of the exhaust from these gas boilers. The facility monitors VOC emissions from paper machine #8, as required by the State Permit #690-88, and has a emission limit of 26.2 tons of VOCs per year. The facility uses the VOC emission rate based on its initial demonstration of the process and calculates VOC emission based on its chemical usage in paper machine #8.

The facility uses non contact cooling water drawn from St. Clair River. The facility discharges this water and filter backwash water to Black River. The treated process wastewater is discharged to St. Clair River. The E.B. Eddy Company also treats wastewater of Blue Water Fiber Company (Deinking Company) and discharges it to St. Clair River. The wastewater treatment involves use of chlorine, sodium metabisulfite, anhydrous ammonia, and phosphoric acid chemicals, and primary and secondary clarifiers. The facility monitors this discharge for biological oxygen demand (BOD) and total suspended solid (TSS) limits.

Process Description:

Purchased pulp is refined and then utilized in Paper Machines 6, 7, 8, and 9. Retention aid chemicals, sizing agents, wet strength chemicals, and biocides are added to the pulp. Process water is sent to the treatment water for treatment. Non contact cooling water is discharged without treatment.

VI Inspection

The E.B. Eddy Company was inspected on August 30, 1996. The inspector met Lupu,

Bentley, and Wagner and gathered information about the paper mill. After this, the inspector conducted inspection with Lupu and Bentley. The inspector visited the chemical storage areas, paper machine areas, boiler and stack areas, and the water treatment plant.

EPCRA INSPECTION FACILITY BACKGROUND INFORMATION

<p>Facility Name: <u>E.B. Eddy Paper Company</u> Street Address: <u>1700 Washington Avenue</u> City: <u>Port Huron</u> State: <u>Michigan</u> Zip: <u>48060</u> Phone: <u>(810) 982-0191</u> SIC Code: <u>2 6 2 1</u> Dnn & Brad #: <u>017 806 8045</u></p> <p>Owner/Operator Information Name: <u>E.B. Eddy Paper, Inc.</u> Mailing Address: <u>1700 Washington Avenue</u> City: <u>Port Huron</u> State: <u>Michigan</u> Zip: <u>48060</u> Phone: <u>(810)982-0191</u></p>	<p>Contact Information Name: <u>Howard L. Hunter</u> Title: <u>Director of Special Projects</u> Date of Initial Phone contact: <u>8/13/96</u> Date of Inspection Announcement Letter: <u>8/19/96</u> Inspection Date: <u>8/30/96</u> Type of Inspection: <u>To determine EPCRA compliance of Sections 302, 304, 311, and 312, and CERCLA 103</u></p>
--	--

ENTRY/OPENING CONFERENCE

Identification displayed? Yes
Purpose of inspection explained? Yes
Notice of inspection presented and signed by facility contact? Yes
Any attempt to deny entry? No

DESCRIPTION OF FACILITY

Fully describe facility operations: Paper manufacturing facility. Purchases processed pulp.

When did site operations began? Pulp mill started in 1988

Primary SIC Codes: 2 6 2 1

Number of full-time employees 300 Annual sales \$ N/A

Relationship to other firms, parent corporation, subsidiaries and location of off-site facilities: Subsidiary of E.B. Eddy Forest Products, Ottawa, Ontario, Canada

TITLE III COMPLIANCE REVIEW

GROUND

SECTION 302

(1) Does facility have, on site, at any one time, extremely hazardous substances (EHS) or hazardous substance (HS) at or above the threshold planning quantity (TPQ)? Yes (Attachment A)

(2) List or obtain documentation:

Some of the chemicals used by the facility are listed below. Please refer to TIER II forms for inventory of the listed chemicals

CHEMICAL INVENTORY E.B. EDDY PAPER COMPANY PORT HURON, MICHIGAN		
Chemical name	* Maximum on site (lbs.)	Threshold planning quantity (TPQ) (lbs.)
(a) Sodium hypochlorite	22,000	10,000
(b) Sodium hydroxide	34,000	10,000
(c) Sulfuric acid	55,000	1,000
(d) Chlorine	10,000	100
(e) Phosphoric acid	30,000	10,000

* All maximum quantities are listed on the TIER II forms (Attachment B)

How was maximum quantity on-site determined or calculated?

Maximum quantity was determined by inventory

State Emergency Response Commission (SERC) notified of EHS chemical per Sec. 302? Yes Date: 2/22/96

SECTION 303

Facility coordinator identified per Sec. 303 and date Local Emergency Planning Committee (LEPC) was notified? No

Name/Title _____ Date: _____

Has the facility experienced any releases or discharges of EHS/HS chemicals at or above the reportable quantity (RQ)? No. The facility installed a new tank for ammonia storage in September 1995. On September 5, 1995, ammonia leak occurred when the installation contractor was installing the vaporizer loop heating assembly. Since the release was below the reportable quantity, the facility did not report it. However, the facility responded to a CEPPPO letter in December 1995 and provided information (Attachment Q) which indicated that they initially estimated the release to be 17 pounds but revised it to 12.75 lbs after calculating the amount in the loop assembly (Exhibit Q).

Who Notified/Date/Time

NRC	_____	____/____/____	_____
SERC	_____	____/____/____	_____
LEPC-1	_____	____/____/____	_____
LEPC-2	_____	____/____/____	_____

For each of the above releases, has a written follow-up notification [304 (c)] been provided to the SERC and LEPC(s) providing additional information on:

- (a) actions taken to respond and contain the release? N/A
- (b) known or anticipated acute/chronic health risks? _____
- (c) where appropriate, advice remedial attention for exposed individuals? _____

	(1)	(2)	(3)
Date Sec. 304 (c) Notification	_____		
Who Reported	_____		
Notification Adequacy	_____		
Additional Comments	_____		

Has the facility experienced any spills to the ground in the last 2 years? No
If yes,

Where there any evacuations? No

Was the spill area excavated? Not applicable
If yes, where was the excavated material sent for disposal?

What information does the facility have on disposal permits?

The facility has a EPA ID# MID 005358247. Disposes waste solvents and lubricating oil at General Oil facility in Detroit, and other solvents at Safety Kleen facility in Chicago (Attachment C).

What cleanup concentrations were achieved?
Not applicable

If the spill area was not excavated, what remediation steps were taken? Not applicable

AIR

SECTION 304

(a) What air permits does the facility have?

The facility is permitted by the Air Pollution Control Commission of Michigan (Attachment O). The facility has air pollution control commission permit for Wahlco So₃ flue gas conditioning system No. 5 Boiler (Permit #106-77) with emission limitations for sulfur dioxide, particulate and visual releases. The facility has permit requirements for VOC emissions from No. 8 Paper Mill (Permit #690-88) (Attachment D). The facility is required to test incoming coal for sulfur content and report it as sulfur dioxide, and monitor the coal boiler exhausts for opacity readings (Attachment E). There is a particulate emission limit of 0.28 lbs/1,000 lbs of exhaust gases, corrected to 50% excess air imposed by the State. However, the facility monitors the precipitator for its pressure drop and operates within a set of pressure drop values (Attachment F). The facility does not report any particulate emissions to the State. The following table provides permitted effluent limits for this facility. The state of Michigan has a federally approved State Implementation Plan (SIP) for

sulfur dioxide emissions (2.4 lbs per million BTU).

EFFLUENT LIMITS E.B. EDDY PAPER COMPANY PORT HURON, MICHIGAN		
COMPOUND/PARAMETER	EFFLUENT LIMIT	POUNDS/DAY LIMIT
¹ Sulfur dioxide/Sulfur content of coal used in coal boilers is tested and calculated for its' potential sulfur dioxide emissions	2.4 lbs SO ₂ /million BTU (1.5% sulfur content in coal)	3,974 for the 69 MMBTU/hr coal boiler
Opacity of effluent gases connected with coal boiler	20 percent	N/A
Particulate emission from coal boiler	0.28 lbs/1,000 pounds of exhaust gases	N/A
Volatile organic compounds(VOCs)	17.1 lbs/hr	410.4

¹The sulfur content of coal is to be tested prior to its' use in the coal boilers (Attachment G).

(b) What equipment does the facility utilize to meet air permit requirements?
Electrostatic precipitators (ESPs), Scrubbers, and stacks

(c) How does the facility determine if its' releases are exceeding permit required concentrations?
The facility has continuous monitoring equipment that records percent opacity of coal boiler emissions. The natural gas boilers are not monitored since they are below the 250 MMBTU/hr capacity.

(d) Does the facility have following information for the period between the last 2 years and the date of inspection?

For coal boiler, opacity readings are available, recorded by continuous monitoring equipment. The coal is sampled prior to burning it.

AIR EMISSIONS E.B. EDDY PAPER COMPANY PORT HURON, MICHIGAN				
Regulated Chemical/ Parameter Name	Equipment Utilized	Average effluent concentration		State Limit (lbs/MMBTU)
		lbs/MMBTU	lbs/Day	
SO ₂	Stack	1.49 (May 22 - 29, 1996)	2,467	2.4
Opacity (%)	ESP and stack	0% (August 30, 1997)	N/A	20%
Particulate	ESP and stack	No reporting done. Monitor pressure drop and operate the equipment within a set range of pressure drop	N/A	N/A

The facility has VOC emission limit of 26.2 tons per year (17.1 lbs per hour maximum or 4.2 tons per month). The facility reports VOC emission by calculating the number of hours the chemicals are used on paper machine #8, and utilizing the demonstrated data of exhaust effluent. For July 1996 reporting period, the facility had a total VOC emission of 1.53 tons (Attachment H).

(e) Does the facility maintain records of equipment malfunctions/upsets/breakdowns? What procedures did the facility follow during the most recent equipment upset/breakdown?

Yes. Had opacity problems during the mechanical failure of boiler and when more oxygen was available during coal burning. No records were available to indicate analysis of the release during this mechanical failure.

(f) Does the facility have air emission records during the equipment malfunctions/upsets/breakdown periods?

The facility experienced a power outage in May of 1996 that incapacitated its opacity meter for 5 hours (Attachment I). The facility does not have any other means of knowing the opacity readings during such periods and also does not know if any permitted or non-permitted releases are occurring.

Has the facility experienced any permitted or non-permitted air releases? No

WATER

DISCHARGE PERMITS

(a) What type of discharge permits does the facility have?

(i) Direct discharge (ii) Treatment and discharge (iii) POTWs (iv) Other

Direct discharge permits for non contact cooling water and treatment and discharge permit for process water. National pollutant discharge elimination system (NPDES) permit No. MI0002160 approves discharge to Black River (Attachments J, K, L, and M).

(b) What equipment does the facility utilize to meet discharge requirements?

Primary and secondary clarifiers, lagoons, and screening.

(c) How does the facility determine if its' discharge is exceeding permit required concentrations?

Monitor for biological oxygen demand (BOD), total suspended solids (TSS), and other metals

(d) Does the facility maintain records of equipment malfunctions/upsets/breakdowns? Date of most recent equipment malfunction/upset/breakdown and procedures followed during that period?

Due to heavy rains in March 1996, (30 year storm) electricity failure occurred resulting in treated water, fresh water, and untreated wastewater from the treatment plant getting into the Black River. The facility notified the State on March 22, 1996, and also indicated that no sampling was conducted during this release (Attachment N). No notification was made to any other agencies.

(e) Does the facility have effluent records during the equipment malfunction/upset/breakdown periods?

No. The facility stops its' operations during process upsets etc.

Has the facility experienced any discharges above the permit requirements? No

What treatments does the facility employ for surface water run-offs from the storage/transfer areas?

Run-off water is sent to the water treatment system

Section 312

(1) Were Tier I or Tier II forms submitted for all required chemicals? Yes

Form Submitted (I or II)	SERC/Date	LEPC/Date	Fire Dept./Date
CY1993 II	2/21/94		
CY1994 II	2/21/95		
CY1995 II	2/22/96		

(2) What procedures are used to update Section 312 information for annual submittal and ensure additional or new chemical data is submitted within 90 days?

Christine Lupu, Environmental Engineer, updates chemical information (Attachment P)

(3) Is facility aware of annual reporting requirements under Section 312? Yes

(Note: For covered chemicals where no inventory form has been provided, obtain specific maximum quantities (not ranges) for each chemical for each calendar year).

SUMMARY OF FINDINGS

The State mandated opacity limits and the Federal Regulated opacity limits are the same. The facility air permits could be federally enforceable since it is under SIP. No sulfur dioxide emissions above permitted limits were noted.

FACILITY INSPECTION

Are facility operations and use of chemicals generally as described? Yes

Inspection observations:

(I) Any spill/release areas observed? No

(ii) Describe NPDES discharge area: Maintained well

(iii) Are there potential surface water runoff areas from the site? If yes describe. No

OPTIONAL INFORMATION

Surface water Route

(I) Distance to nearest surface water

300 feet

(ii) Surface water use

Non potable

Groundwater Route

(I) Groundwater use

Potable

(ii) Distance to nearest well

3-5 miles

Demographic and Property Information

(I) Total population within

one (1) mile 35,500

two (2) miles _____

three (3) miles _____

(ii) Distance to nearest population

300 feet

(iii) Distance to nearest off-site building

150 feet

(iv) Population within vicinity of site

5,000

EXIT CONFERENCE

Discuss apparent deficiencies. Obtain commitment for correction/compliance where appropriate. Discuss in Comments section below (Note: do not discuss compliance f/u activity except in very general terms)

Ensure facility has working knowledge of Title III and reporting obligations. Title III informational materials provided: Yes

Receipt for documents provided (signed by facility contact)? Yes

(Note: Each document should be identified on a Receipt form)

Any confidentiality claims asserted? No Explain in Comments Section

Comments: The inspector received documents from the facility which are listed in the exhibits. The following are the comments based on the inspection:

- 1) The State of Wisconsin air emission reportable quantities are either less than or equal to the Federal reportable quantities for coal boiler.
- 2) The facility does not directly monitor particulate emissions from the coal boiler, but operated the unit within a predetermined pressure drop values based on their initial demonstration.
- 3) The facility does not maintain operator logs during opacity meter outages due to electricity failures.

As a follow-up of the inspection, the facility faxed a letter to the inspector identifying facility coordinator as required under SARA Title III Section 303

ATTACHMENTS

A) List of Chemicals

B) 1995 TIER II Form and First 2 Pages of 1994 & 1993

C) Waste Manifests of 7/18/96 and 7/24/96

D) Process Map

E) Michigan Air Pollution Report - 1995

F) August 1996 Precipitator Log

G)	Sulfur Sample Results - May 1996
H)	July 1996 Volatile Organic Compounds Emission Report from Paper Machine #8
I)	Summary Report April - June 1996 for Coal Boiler (#5)
J)	NPDES Discharge Monitoring Requirements - 8/27/96
K)	NPDES Discharge Monitoring Requirements - Operation Logs
L)	NPDES Discharge Monitoring requirements Update - June - July 1996
M)	NPDES Permit September 21, 1993
N)	Release Notification From Wastewater Treatment Plant - 3/22/96
O)	Air Permit March 30, 1977
P)	Follow-up Correspondence
Q)	Preamble to E.B. Eddy Paper, Inc, Response to U.S. EPA's CERCLA Section 104 (e) Request for Information

Date report completed: December 18, 1997

Prepared by: Raghu Nagam

Exhibits:

A.	Notice of Inspection
B.	Receipt for Samples and Documents
C.	Photo documentation

Attachment A

List of Chemicals

LIST OF CHEMICALS
FOR TITLE III SECTION 311 REPORTING
E.B. EDDY PAPER, INC. - PORT HURON MILL

<u>Hazardous Chemical</u>	<u>Names of Materials Containing Chemicals</u>	<u>Material Suppliers</u>	<u>Chemical Percent</u>
Sulfur dioxide	Sulfur Dioxide	Rhone-Poulenc	100
Chlorine	Chlorine	Jones Chem.	100
Sulfuric acid	Sulfuric Acid	PVS Chemicals/General Alum & Chemical	100
	TexBrite 854	Texo Corp.	24
Aluminum sulfate	Alum, Liquid	General Chemical	49
Sodium hydroxide	Caustic Soda 50%	PVS Chemicals	50
	Alkasan EB-5	PPG Chemicals	40
	Nalco 7680	Nalco Chemicals	55
	Nalco 8651	Nalco Chemical	3
	Texstrip 12	Texo Corp.	10
	Sodium Hypochlorite	TCS	2
	Versenex 80	Ashland Chemical	1
Calcium Chloride	Calcium Chloride Flake	Dow Chemical	80
Sodium Hypochlorite	Sodium Hypochlorite	TCS	14.1
Paraffins	# 2 Fuel Oil	Mobil	74
Fixed Carbon	Coal	Reiss	100
Titanium Dioxide	Titanium Dioxide	Kronos/Kemira	100
Clay	Calcined Kaolin	Engelhard	100
Limestone	Precipitated Calcium Carbonate	Specialty Minerals/ Omya	100
Starch	Starch (Various Brands)	National Starch	100
D-Glucitol	Sorbitol 70	Ashland	70
Sodium Metabisulfite	TCS 5700	TCS	30
Anhydrous Ammonia	Anhydrous Ammonia	LaRoche	100
Phosphoric Acid	Phosphoric Acid	TCS	75

CHEMICALS REPORTED AS MIXTURES:

(mixture)	Genion 7023	General Chemical	100
(mixture)	FC-807	3M	100
(mixture)	Keydime D-10	Akzo Nobel, Inc.	100
(mixture)	Neutros	Akzo Nobel, Inc.	100
(mixture)	Nalco 7530	Nalco Chemical	100
(mixture)	Nalco 7533	Nalco Chemical	100
(mixture)	Nalcon 7647 Microbiocide	Nalco Chemical	100
(mixture)	Nalcon 7649 Microbiocide	Nalco Chemical	100
(mixture)	Talc	Luzenac	100
(mixture)	Hi-Phase 35	Hercules	100
(mixture)	Hercon 75	Hercules	100
(mixture)	Kymene Plus	Hercules	100
(mixture)	Hercon 79	Hercules	100

REVISION DATE: 2/22/96

E. B. EDDY PAPER, INC.
INDEX of MSDS FOR CHEMICALS
FOR TITLE III SECTION 311 REPORTING

<u>Company or Manufacturer</u>	<u>Chemical or Brand Name</u>
3M	FC-807
Akzo Nobel	Keydime D10
Akzo Nobel	Neutros Extra
Ashland	Calcium Chloride
Ashland	Sorbitol 70%
Ashland	Versenex 80
Engelhard	Ansilex 93
General Alum & Chemical	Alum
* General Chemical	Genion 7023
* Hercules	Hercon 75
* Hercules	Hercon 79
Hercules	Hi-Phase 35
* Hercules	Kymene Plus
Jones Chemical	Chlorine
Kronos	Titanium Dioxide
* LaRoche	Anhydrous Ammonia
Luzenac	Talc
Nalco	Nalco 7530
Nalco	Nalco 7533
Nalco	Nalco 7647
Nalco	Nalco 7649
Nalco	Nalco 7680
Nalco	Nalco 8651
National Starch	Cato 232
Novacor	#2 Fuel Oil
PPG	Alkasan EB-5
PVS	Caustic Soda
PVS	Sulfuric Acid
Reiss	Coal
Rhone-Poulenc	Sulfur Dioxide
Speciality Minerals	Precipitated Calcium Carbonate
* TCS	Phosphoric Acid
* TCS	Sodium Hypochlorite
TCS	TCS 5700
Texo	Tex-Brite 854
Texo	Texstrip 12

* Revised 2-22-96

Attachment B

1995 TIER II Form and First 2 Pages of 1994 & 1993



E. B. EDDY PAPER, INC.

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

February 22, 1996

Michigan Department of Environmental Quality
Environmental Assistance Division
SARA Title III Office, Knapp's Office Centre
P. O. Box 30457
Lansing, MI 48909

Dear Sir:

Please find enclosed E. B. Eddy Paper, Inc.'s SARA Title III, Section 312 report for 1995. As encouraged by the State of Michigan, Tier Two rather than Tier One information is being provided.

Also enclosed is an updated chemical list for Section 311 reporting. It contains seven new chemicals which are now being used on-site in reportable quantities. The MSDSs for these chemicals are enclosed and should be included in the bound set that was forwarded to this office in 1992.

Should you require any further information regarding this report, please let me know.

Sincerely,

Christine J. Lupu
Environmental Engineer

CJL:jbz

encl.

Gent
Genion
Hexcon 75
Hexcon 79
Xylene Plus
Ammonia
Phos. Acid
Sod. Hypo

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 PHONE: (313) 982-0191 810 EXT	
	Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-4538 PHONE (313) 984-5500 EXT		DIR OF SPECIAL PROJECTS TECH. DIRECTOR 63 24HR PH (313) 984-9539 EXT 810 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT	
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received			

Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995		<input type="checkbox"/> Check if information below is identical to the information submitted last year	
Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 0 7 6 6 4 4 1 7 Trade Secret <input type="checkbox"/> Chem. Name <u>Ammonia</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Anhydrous Ammonia</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 1 3 3 No. of Days On-site (days)	A 2 6 See Map - #1		<input type="checkbox"/>
CAS 0 2 5 9 8 8 9 7 0 Trade Secret <input type="checkbox"/> Chem. Name <u>Keydime D-10</u> <u>(Alkylketene dimer emulsion)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 5 9 No. of Days On-site (days)	C 1 4 See Map - #9, #23		<input type="checkbox"/>
CAS Trade Secret <input type="checkbox"/> Chem. Name <u>Neutros</u> <u>(Rosin Emulsion)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 3 Avg. Daily Amount (code) 3 0 4 No. of Days On-site (days)	C 1 4 0 1 4 See Map - #17, #26, #29 See Map - #17		<input type="checkbox"/>

Certification (read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 11, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Howard L. Hunter, Director of Special Projects

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

2/22/96

Date signed

OPTIONAL ATTACHMENTS

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

[illegible]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY																																																						
Facility Identification <div>E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE.</div> <div>PORT HURON SAINT CLAIR MI 48060</div> <div>SIC Code <table border="1"><tr><td>2</td><td>6</td><td>2</td><td>1</td></tr></table>Dun & Brad Number <table border="1"><tr><td>1</td><td>7</td><td>8</td><td>0</td><td>6</td><td>8</td><td>0</td><td>4</td><td>5</td></tr></table></div> <div>FOR OFFICIAL USE ONLYID NO. 3998Date Received _____</div>			2	6	2	1	1	7	8	0	6	8	0	4	5	Owner/Operator Name: <div>E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE.</div> <div>PORT HURON MI 48060</div> <div>Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5500 EXT 810</div>			PHONE: (313) 982-0191 810 EXT TITLE DIR OF SPECIAL PROJECTS TECH. DIRECTOR 24HR PH (313) 984-9539 EXT 810 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT 810																																			
2	6	2	1																																																			
1	7	8	0	6	8	0	4	5																																														
Important: Read all instructions before completing form			Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995			<input type="checkbox"/> Check if information below is identical to the information submitted last year																																																
Chemical Description			Physical and Health Hazards (check all that apply)	INVENTORY		Storage Codes and Locations (Non-Confidential) Container Type Pressure Temperature Storage Locations		Optional																																														
CAS <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/>													Chem. Name Heron 79		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table border="1"><tr><td>0</td><td>4</td></tr></table> Max. Daily Amount (code) <table border="1"><tr><td>0</td><td>3</td></tr></table> Avg. Daily Amount (code) <table border="1"><tr><td>3</td><td>0</td><td>6</td></tr></table> No. of Days On-site (days)	0	4	0	3	3	0	6	<table border="1"><tr><td>C</td><td>I</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	C	I	4																									See Map - #9, #23		<input type="checkbox"/>
0	4																																																					
0	3																																																					
3	0	6																																																				
C	I	4																																																				
CAS <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/>													Chem. Name Gen ion 7023		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table border="1"><tr><td>0</td><td>4</td></tr></table> Max. Daily Amount (code) <table border="1"><tr><td>0</td><td>4</td></tr></table> Avg. Daily Amount (code) <table border="1"><tr><td>3</td><td>6</td><td>5</td></tr></table> No. of Days On-site (days)	0	4	0	4	3	6	5	<table border="1"><tr><td>C</td><td>I</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	C	I	4																									See Map - #26, #29		<input type="checkbox"/>
0	4																																																					
0	4																																																					
3	6	5																																																				
C	I	4																																																				
CAS <table border="1"><tr><td>0</td><td>0</td><td>7</td><td>6</td><td>6</td><td>4</td><td>3</td><td>8</td><td>2</td></tr></table> Trade Secret <input type="checkbox"/>	0	0	7	6	6	4	3	8	2	Chem. Name Phosphoric Acid		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table border="1"><tr><td>0</td><td>4</td></tr></table> Max. Daily Amount (code) <table border="1"><tr><td>0</td><td>4</td></tr></table> Avg. Daily Amount (code) <table border="1"><tr><td>1</td><td>2</td><td>9</td></tr></table> No. of Days On-site (days)	0	4	0	4	1	2	9	<table border="1"><tr><td>C</td><td>I</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	C	I	4																									See Map - #38		<input type="checkbox"/>			
0	0	7	6	6	4	3	8	2																																														
0	4																																																					
0	4																																																					
1	2	9																																																				
C	I	4																																																				
Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____. And that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.			OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures																																																			
Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative			Signature Date signed 2/22/96																																																			

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 PHONE: (313) 982-0191 810 EXT		
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received _____		Emergency Contact HOWARD L. HUNTER PHONE (813) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5600 EXT		
	DIR OF SPECIAL PROJECTS TECH. DIRECTOR 24HR PH (313) 984-9539 EXT 810 9563 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT				
Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995		<input type="checkbox"/> Check if information below is identical to the information submitted last year	

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 0 7 7 8 2 5 0 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 3 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	L 2 4 L 2 4	<u>See Map - #3</u> <u>See Map - #25</u>	<input type="checkbox"/>
CAS 0 0 7 4 4 6 0 9 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfur Dioxide</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfur Dioxide</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	A 2 5	<u>See Map - #5</u>	<input type="checkbox"/>
CAS 0 0 7 6 6 4 9 3 9 Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	C 1 4 E 1 4	<u>See Map - #2, #8, #26, #38</u> <u>See Map - #2, #11, #14, #17, #18, #21, #22, #23, #26, #33</u>	<input type="checkbox"/>

Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>11</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. <u>Howard L. Hunter, Director of Special Projects</u> Name and official title of owner/operator OR owner/operator's authorized representative Signature	OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
---	--

2/22/96
 Date signed

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 884-5508 EXT		PHONE: (313) 982-0191 810 EXT
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received		DIA OF SPECIAL PROJECTS TECH. DIRECTOR 63 24HR PH (313) 984-9538 EXT 810 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT		

Important: Read all instructions before completing form	Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995	<input type="checkbox"/> Check if information below is identical to the information submitted last year
--	---	---

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 1 0 0 4 3 0 1 3 Trade Secret <input type="checkbox"/> Chem. Name <u>Aluminum Sulfate (Alum)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 5 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	<u>See Map - #9, #10, #30, #36</u>	
CAS 0 1 0 0 4 3 5 2 4 Trade Secret <input type="checkbox"/> Chem. Name <u>Calcium Chloride</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">J</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	<u>See map - #31, #35</u>	
CAS 0 0 1 3 3 2 5 8 7 Trade Secret <input type="checkbox"/> Chem. Name <u>Clay</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 5 Max. Daily Amount (code) 0 5 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">J</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	<u>See Map - #31, #35</u> <u>See Map - #9, #36</u>	

Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>11</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.	OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
--	--

Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative	 Date signed <u>2/22/96</u>
--	--------------------------------

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2621 Dun & Brad Number 178068045	Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060	PHONE: (313) 982-0191 810 EXT	
Specific Information by Chemical	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received _____	Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5500 EXT	DIRECTOR OF SPECIAL PROJECTS TECH-DIRECTOR 63 24HR PH (313) 984-9538 EXT 810 TITLE BIO 984-9563 24HR PH (313) 982-0193 EXT	
Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995	<input type="checkbox"/> Check if information below is identical to the information submitted last year	
Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS [][] Trade Secret <input type="checkbox"/> Chem. Name Fixed Carbon (coq) Check all that apply Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	[0][5] Max. Daily Amount (code) [0][5] Avg. Daily Amount (code) [3][6][5] No. of Days On-site (days)	R 4 See Map - # 7	<input type="checkbox"/>
CAS [0][0][0][0][5][0][7][0][4] Trade Secret <input type="checkbox"/> Chem. Name D-Glucitol (70% in Sorbitol 70%) Check all that apply Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	[0][4] Max. Daily Amount (code) [0][3] Avg. Daily Amount (code) [3][6][5] No. of Days On-site (days)	P 4 See Map - #16, #17, #27, #33	<input type="checkbox"/>
CAS [0][0][0][0][6][7][6][3][0] Trade Secret <input type="checkbox"/> Chem. Name FC 807 (Mixture of Isopropanol + Fluoroaliphatic Ammonia Salts) Check all that apply Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	[0][4] Max. Daily Amount (code) [0][3] Avg. Daily Amount (code) [3][6][5] No. of Days On-site (days)	O 4 Sec Map - #16, #28, #33	<input type="checkbox"/>
Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 11 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative			OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures	

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2621 Dun & Brad Number 17 806 8045		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5500 EXT																														
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received		DIR OF SPECIAL PROJECTS TECH. DIRECTOR 63 24HR PH (313) 984-9538 EXT 810 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT																														
Important: Read all instructions before completing form			Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995		<input type="checkbox"/> Check if information below is identical to the information submitted last year																												
Chemical Description		Physical and Health Hazards <small>(check all that apply)</small>	INVENTORY	Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Optional																												
CAS 064742 478 Trade Secret <input type="checkbox"/> Chem. Name <u>Nalco 7530</u> <u>(Hydrotreated Light Distillate)</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Container type</td> <td style="width:10%;">Pressure</td> <td style="width:10%;">Temperature</td> <td></td> </tr> <tr> <td>C</td> <td>1</td> <td>4</td> <td>See Map - #2, #17</td> </tr> <tr> <td>0</td> <td>1</td> <td>4</td> <td>See Map - #17, #30</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Container type	Pressure	Temperature		C	1	4	See Map - #2, #17	0	1	4	See Map - #17, #30																	<input type="checkbox"/>
Container type	Pressure	Temperature																															
C	1	4	See Map - #2, #17																														
0	1	4	See Map - #17, #30																														
CAS 064742 478 Trade Secret <input type="checkbox"/> Chem. Name <u>Nalco 7533</u> <u>(Hydrotreated Light Distillate)</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Container type</td> <td style="width:10%;">Pressure</td> <td style="width:10%;">Temperature</td> <td></td> </tr> <tr> <td>C</td> <td>1</td> <td>4</td> <td>See Map - #2, #19, #22</td> </tr> <tr> <td>0</td> <td>1</td> <td>4</td> <td>See Map - #2, #25, #30</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Container type	Pressure	Temperature		C	1	4	See Map - #2, #19, #22	0	1	4	See Map - #2, #25, #30																	<input type="checkbox"/>
Container type	Pressure	Temperature																															
C	1	4	See Map - #2, #19, #22																														
0	1	4	See Map - #2, #25, #30																														
CAS 026172 554 Trade Secret <input type="checkbox"/> Chem. Name <u>Nalcon 7647</u> <u>(Aqueous Solution of Substituted Isothiazoline)</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Container type</td> <td style="width:10%;">Pressure</td> <td style="width:10%;">Temperature</td> <td></td> </tr> <tr> <td>0</td> <td>1</td> <td>4</td> <td>See Map - #18, #24, #26, #30</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Container type	Pressure	Temperature		0	1	4	See Map - #18, #24, #26, #30																					<input type="checkbox"/>
Container type	Pressure	Temperature																															
0	1	4	See Map - #18, #24, #26, #30																														
Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>11</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.					OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures																												
Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative					<u>2/22/96</u> Date signed																												

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 PHONE: (313) 982-0191 EXT	
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received		Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5500 EXT	
	DIR OF SPECIAL PROJECTS TECH. DIRECTOR- 63 24HR PH (313) 984-9539 EXT 810 TITLE 810 984-9563 24HR PH (313) 982-0193 EXT			

Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995	<input type="checkbox"/> Check if information below is identical to the information submitted last year
---	--	--	---

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 1 0 2 2 2 0 1 2 Trade Secret <input type="checkbox"/> Chem. Name <u>Nalco 7649</u> <u>(Micromicide)</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	0 1 4	<u>See Map - #18, #30</u>	<input type="checkbox"/>
CAS 0 6 8 4 7 6 3 0 2 Trade Secret <input type="checkbox"/> Chem. Name <u>Paraffins</u> <u>(74% in No. 2 Fuel Oil)</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 5 Max. Daily Amount (code) 0 5 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	A 1 4	<u>See Map - #6</u>	<input type="checkbox"/>
CAS 0 0 0 4 7 1 3 4 1 Trade Secret <input type="checkbox"/> Chem. Name <u>Precipitated Calcium Carbonate</u> Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 5 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	C 1 4 J 1 4	<u>See Map - #9</u> <u>See Map - #31</u>	<input type="checkbox"/>

Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 11, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative	OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
--	--

Signature [Signature] Date signed 2/22/96

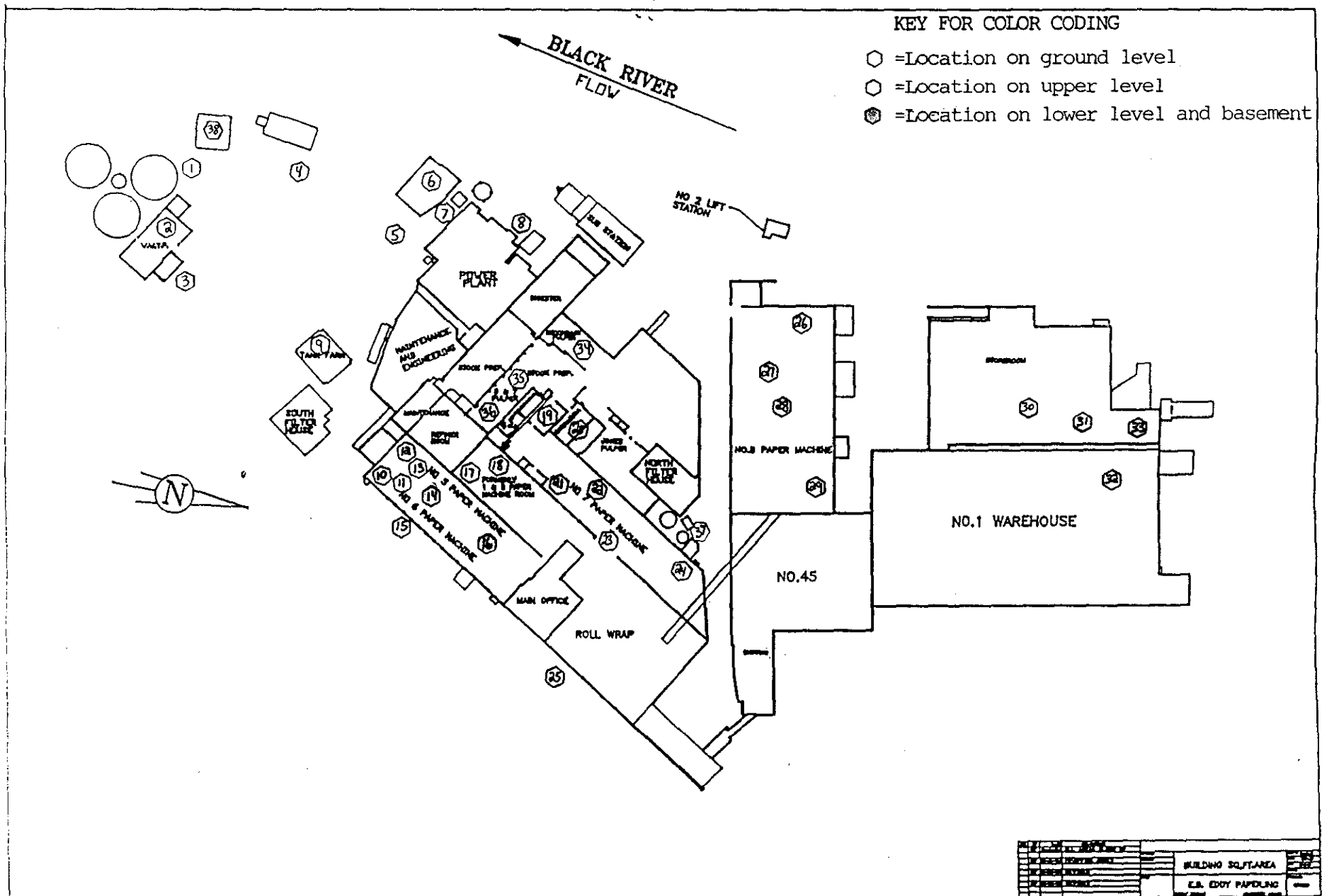
Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code <u>2621</u> Dun & Brad Number <u>178068045</u>		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 PHONE: (313) 982-0191 810 EXT	
	FOR OFFICIAL USE ONLY ID NO. <u>3998</u> Date Received _____		Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984 9538 PHONE (616) 684-5500 EXT _____	
	DIR OF SPECIAL PROJECTS TECH. DIRECTOR 24HR PH (313) 984-9539 EXT 63 810 TITLE <u>510 984 9563</u> 24HR PH (313) 982-0193 EXT _____			

Important: Read all instructions before completing form	Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995	<input type="checkbox"/> Check if information below is identical to the information submitted last year
---	--	---

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential)	Optional																		
CAS <u>001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	C	1	4	E	1	4													See Map - #2, #8, #17, #26 See Map - #2, #14, #15, #18, #21, #23, #26, #33	<input type="checkbox"/>
C	1	4																					
E	1	4																					
CAS <u>007681529</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hypochlorite</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	C	1	4	E	1	4													See Map - #22, #26 See Map - #2, #18, #22, #26, #33	<input type="checkbox"/>
C	1	4																					
E	1	4																					
CAS <u>007681574</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Metabisulfate</u> <u>(30% in TCS 5700)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>0</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	0	1	4																See Map - #3, #30	<input type="checkbox"/>
0	1	4																					

Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>11</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. <u>Howard L. Hunter, Director of Special Projects</u> Name and official title of owner/operator OR owner/operator's authorized representative		OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
<u>[Signature]</u> Date signed	<u>2/22/96</u> Date signed	

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE.		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE.		PHONE: (313) 982-0191 510 EXT
	PORT HURON SAINT CLAIR MI 48060 SIC Code 2621 Dun & Brad Number 178068045		PORT HURON MI 48060		
Specific Information by Chemical	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received		Emergency Contact HOWARD L. HUNTER PHONE (313) 984-9539 EXT 810 KEN WOOD 810 984-9538 PHONE (616) 684-5500 EXT		DIR OF SPECIAL PROJECTS TECH. DIRECTOR 24HR PH (313) 984-9539 EXT 810 TITLE 810 984 9563 24HR PH (313) 982-0193 EXT
Important: Read all instructions before completing form			Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1995		<input type="checkbox"/> Check if information below is identical to the information submitted last year
Chemical Description			Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS 000000 Trade Secret <input type="checkbox"/> Chem. Name Starch Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name			<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-site (days)	Container Type Pressure Temperature H 1 4 See Map-#37 J 1 4 See Map-#17, #27, #31, #32
CAS 014807 966 Trade Secret <input type="checkbox"/> Chem. Name Talc Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name			<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	J 1 4 See Map-#20, #32, #35
CAS 013463 677 Trade Secret <input type="checkbox"/> Chem. Name Titanium Dioxide Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name			<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-site (days)	C 1 4 See Map-#9, #17, #22 J 1 4 See Map-#20, #31, #35
Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 11, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. Howard L. Hunter, Director of Special Projects Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed 2/22/96					
OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures					



Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical		Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5			Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 Emergency Contact HOWARD L. HUNTER PHONE (810) 984-9539 EXT 810 KEN WOOD (810) 984-9538 PHONE (810) 984-9538 EXT 810			PHONE: (810) 982-0191 EXT	
		FOR OFFICIAL USE ONLY ID NO. 3998 Date Received _____			TECH. DIRECTOR 24HR PH (810) 984-9539 EXT 810 TITLE 810 985-3644 24HR PH (810) 982-0191 EXT				

Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1993		<input type="checkbox"/> Check if information below is identical to the information submitted last year	
---	--	--	--	---	--

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 0 7 7 8 2 5 0 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 3 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; justify-content: space-between;"> L24 </div> <div style="display: flex; justify-content: space-between;"> L24 </div>	<u>See map - #3</u> <u>See map - #19</u>	
CAS 0 0 7 4 4 6 0 9 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfur Dioxide</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfur Dioxide</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; justify-content: space-between;"> A25 </div>	<u>See map - #4</u>	
CAS 0 0 7 6 6 4 9 3 9 Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; justify-content: space-between;"> C14 </div> <div style="display: flex; justify-content: space-between;"> E14 </div>	<u>See map - #2, #5, #26</u> <u>See map - #2, #13, #18, #21, #22, #24, #25, #26, #32</u>	

Certification (read and sign after completing all sections)		OPTIONAL ATTACHMENTS	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 10 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		<input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures	
<u>Howard L Hunter Technical Director</u> Name and official title of owner/operator OR owner/operator's authorized representative	 Signature	<u>21 FEB 94</u> Date signed	

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON SAINT CLAIR MI 48060 SIC Code 2 6 2 1 Dun & Brad Number 1 7 8 0 6 8 0 4 5		Owner/Operator Name E. B. EDDY PAPER, INC. 1700 WASHINGTON AVE. PORT HURON MI 48060 PHONE (810)982-0191 EXT	
	FOR OFFICIAL USE ONLY ID NO. 3998 Date Received 		Emergency Contact HOWARD L. HUNTER PHONE (810)984-9539 EXT KEN WOOD PHONE (810)984-9538 EXT	
			TECH. DIRECTOR 24HR PH (810)985-8644 EXT TITLE 24HR PH (810)985-8644 EXT	

Important: Read all instructions before completing form		Reporting Period FROM JANUARY 1 TO DECEMBER 31, 1994		<input type="checkbox"/> Check if information below is identical to the information submitted last year	
---	--	--	--	---	--

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS 0 0 7 7 8 2 5 0 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS </div> EHS Name <u>Chlorine</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 3 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">L</div> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">2</div> <div style="border:1px solid black; padding: 2px; text-align: center;">4</div> </div> <div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">L</div> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">2</div> <div style="border:1px solid black; padding: 2px; text-align: center;">4</div> </div>	<u>See map - #3</u> <u>See map - #25</u>	<input type="checkbox"/>
CAS 0 0 7 4 4 6 0 9 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfur Dioxide</u> Check all that apply: <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS </div> EHS Name <u>Sulfur Dioxide</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">A</div> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">2</div> <div style="border:1px solid black; padding: 2px; text-align: center;">5</div> </div>	<u>See map - #5</u>	<input type="checkbox"/>
CAS 0 0 7 6 6 4 9 3 9 Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS </div> EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-site (days)	<div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">C</div> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">1</div> <div style="border:1px solid black; padding: 2px; text-align: center;">4</div> </div> <div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">E</div> <div style="border:1px solid black; padding: 2px; text-align: center; margin-right: 5px;">1</div> <div style="border:1px solid black; padding: 2px; text-align: center;">4</div> </div>	<u>See map - #2 #8 #26</u> <u>See map - #2 #11 #14 #17 #18 #21 #22 #23 #26 #33</u>	<input type="checkbox"/>

Certification (read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>11</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. <u>Howard L. Hunter, Technical Director</u> Name and official title of owner/operator OR owner/operator's authorized representative	OPTIONAL ATTACHMENTS <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
--	--

[Signature]
 Signature

21 FEB 95
 Date signed

Attachment C

Waste Manifests o 7/18/96 and 7/24/96



**MICHIGAN DEPARTMENT
OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10' of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MI 10105358247		Manifest Document No. 212100		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.											
3. Generator's Name and Mailing Address E B Eddy Paper Incorporated 1788 Washington Avenue Port Huron, MI 48060						A. State Manifest Document Number MI 3527700													
4. Generator's Phone (810 982-0191 or CHES: 888-OIL-TANK (645-8265))						B. State Generator's ID													
5. Transporter 1 Company Name Clean Harbors Env. Services, Inc						C. State Transporter's ID 14173													
6. US EPA ID Number 10105358247						D. Transporter's Phone													
7. Transporter 2 Company Name						E. State Transporter's ID													
8. US EPA ID Number						F. Transporter's Phone													
9. Designated Facility Name and Site Address Spring Grove Resource Recovery 4879 Spring Grove Avenue Cincinnati, OH 45232						G. State Facility's ID													
10. US EPA ID Number 10105358247						H. Facility's Phone 513 681-5735													
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit Wt/Vol		Waste No.		N/H					
a. NON DOT REGULATED DICYANDIAMIDE SOLID, NONE, NONE, NONE <i>Absolute Chemical Co</i>						No. 1		Type EXPLOSIVE				NONE		<input checked="" type="checkbox"/>					
b. <i>facility shipped it out</i>																			
c.																			
d.																			
11. Additional Descriptions for Materials Listed Above 11a U68050 1 x 30						K. Handling Codes for Wastes Listed Above no D527348						a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information																			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																			
Printed/Typed Name <i>Steve R...</i>						Signature <i>[Signature]</i>						Date Month Day Year 2/2/94							
17. Transporter 1 Acknowledgement of Receipt of Materials																			
Printed/Typed Name <i>Bradley S...</i>						Signature <i>[Signature]</i>						Date Month Day Year 10/21/94							
18. Transporter 2 Acknowledgement of Receipt of Materials																			
Printed/Typed Name						Signature						Date Month Day Year							
19. Discrepancy Indication Space																			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																			
Printed/Typed Name						Signature						Date Month Day Year							



**MICHIGAN DEPARTMENT
OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

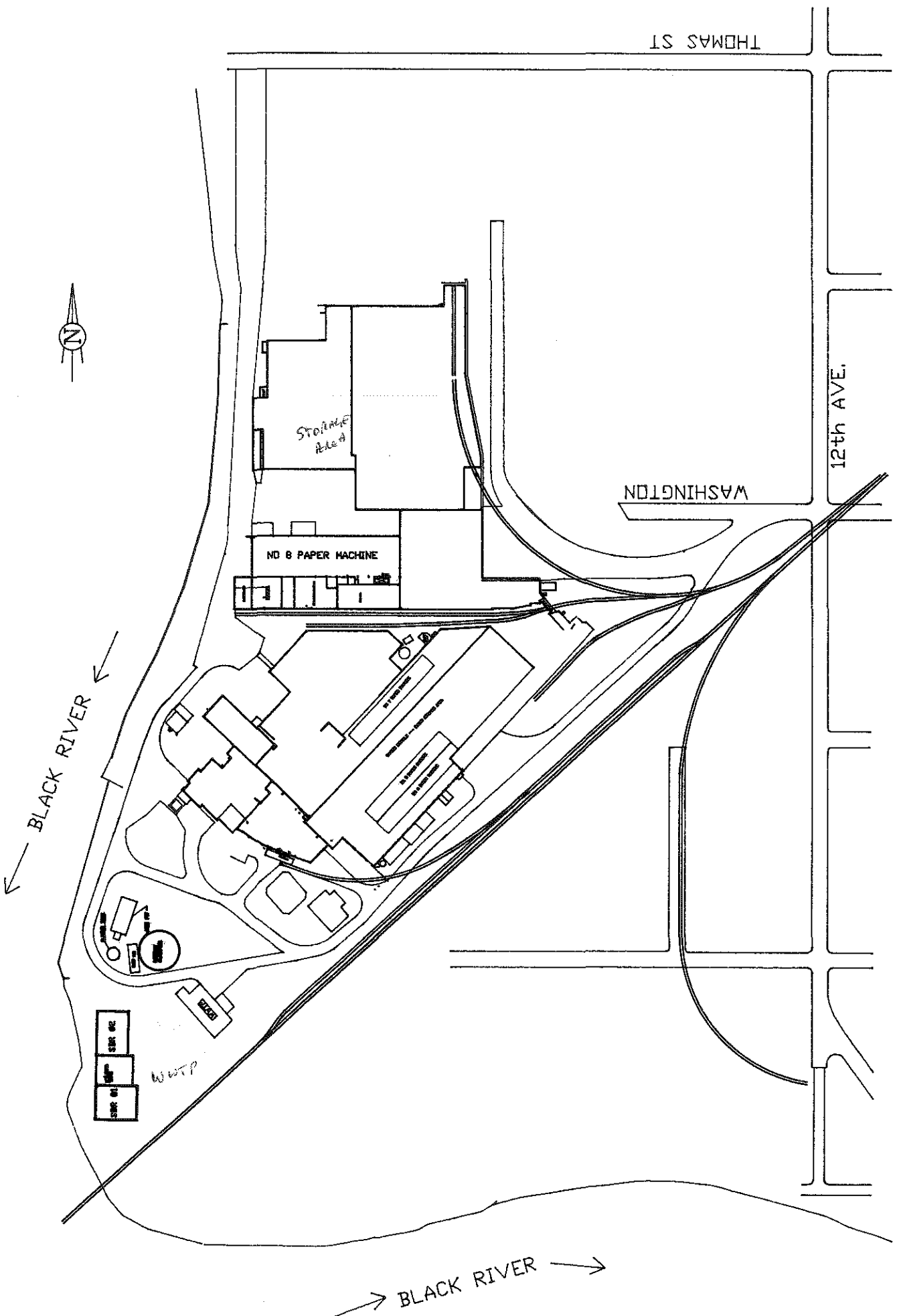
Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MI 10005358247	Manifest Document No. 27148	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address E B Eddy Paper Incorporated 1700 Washington Avenue Port Huron, MI 48060			A. State Manifest Document Number MI 3527848		B. State Generator's ID SAME	
4. Generator's Phone (810) 982-0191 or CHES: 888-OIL-TANK (645-0265)			C. State Transporter's ID 64122 ME		D. Transporter's Phone 616-511-1000	
5. Transporter 1 Company Name Clean Harbors Env. Services, Inc.			E. State Transporter's ID		F. Transporter's Phone (617) 849-1800	
6. US EPA ID Number 100000000000000000			G. State Facility's ID		H. Facility's Phone	
7. Transporter 2 Company Name Clean Harbors Env. Services, Inc.			I. US EPA ID Number MA003932250		J. State Facility's ID	
8. US EPA ID Number 100000000000000000			K. Handling Codes for Wastes Listed Above		a/ 1 b/ 1 c/ 1 d/ 1	
9. Designated Facility Name and Site Address Clean Harbors Of Cleveland Inc 2900 Broadway Cleveland, OH 44115			12. Containers		13. Total Quantity	
10. US EPA ID Number 100000000000000000			14. Unit Wt/Vol		15. Waste No.	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)			No.		Type	
a. NON-DOT REGULATED MATERIAL ACRYLAMIDE COPOLYMER, NONE, N/A, NONE <i>Contaminated with pulp</i>			0102		TIP 0101600	
b. NON-DOT REGULATED MATERIAL ACRYLAMIDE COPOLYMER, NONE, N/A, NONE <i>overflows</i>			0105		DM 0102500	
c. NON-DOT REGULATED MATERIAL ALUM SPILL CLEAN UP, NONE, N/A, NONE <i>Filtering, leather belt</i>			0103		DM 0101500	
d. NON DOT REGULATED ACRYLATE POLYMER SOLUTION, NONE, NONE, NONE <i>(a)</i>			0101		DM 0105500	
J. Additional Descriptions for Materials Listed Above			11a U68835 2 x 300 (L)		11b U68835 2 x 55 (DM)	
11b U68835 2 x 55 (DM)			11c U68878 3 x 55 (L)		11d U68843 11 x 55 (L)	
15. Special Handling Instructions and Additional Information			not 0327148			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Christine J. Lupu			Signature <i>Christine J. Lupu</i>		Date 10/21/96	
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name Donald A. Riley		Signature <i>Donald A. Riley</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed/Typed Name Freebird		Signature <i>Freebird</i>	
19. Discrepancy Indication Space						
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						
Printed/Typed Name JEAN'S SUR			Signature <i>JEAN'S SUR</i>		Date 10/19/96	

Attachment D

Process Map



THOMAS ST

12th AVE.

WASHINGTON

NO 8 PAPER MACHINE

STORMER AREA

W.W.P.

66-020896

Attachment E

Michigan Air Pollution Report - 1995

AQ30, EQUIPMENT IDENTIFICATION 1995 - CONTINUATION

THIS INFORMATION REQUIRED UNDER THE AUTHORITY OF ARTICLE 1 POLLUTION CONTROL CHAPTER 1 POINT SOURCE POLLUTION CONTROL PART 55 OF PA 451 OF 1992 THE NATURAL RESOURCE AND ENVIRONMENTAL PROTECTION ACT

Note: Current information is pre-printed below each boxed area. If pre-printed information is incorrect or missing, type in above the boxed areas or hand print in boxed areas for changes and additions.

PLEASE REFER TO GENERAL INSTRUCTIONS BOOKLET FOR MORE DETAILED INSTRUCTIONS

8 STATE REGISTRATION NUMBER POINT NUMBER

66420

008

NOTE: IF IT IS NECESSARY TO FILL OUT MORE SCC CODES THAN THIS FORM ALLOWS, FILL OUT AN ADDITIONAL FORM. THE STATE REGISTRATION NUMBER AND POINT NUMBER MUST BE INDICATED ON THE ADDITIONAL FORM(S).

SCC CODE

MATERIAL THRUPUT

UNIT CODE

% SULFUR

% ASH

% VOC

9

1-02-002-02

00049149.00

02

01.02

08.58

000.00

COMMENT:

DEQ USE ONLY

001

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

BLR, PULV BIT COAL, DRY BOTTOM

10

1-02-005-01

00000067.67

11

00.15

00.00

000.00

COMMENT:

DEQ USE ONLY

002

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

BLR, NO 2 OIL

11

COMMENT:

DEQ USE ONLY

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

12

COMMENT:

DEQ USE ONLY

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

13

COMMENT:

DEQ USE ONLY

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

14

COMMENT:

DEQ USE ONLY

☐ 1. ADD ☐ 2. CHANGE
☐ 3. DEL ☐ 4. OK

NOTE: REPORT MATERIAL THRUPUT IN THE UNITS SPECIFIED IN THE INSTRUCTION BOOKLET, TABLE V.

AQ30, EQUIPMENT IDENTIFICATION 1995 - CONTINUATION

THIS INFORMATION REQUIRED UNDER THE AUTHORITY OF ARTICLE 1, POLLUTION CONTROL CHAPTER 1, POINT SOURCE POLLUTION CONTROL, PART 55 OF PA 351 OF 1994, THE NATURAL RESOURCE AND ENVIRONMENTAL PROTECTION ACT

Note: Current information is pre-printed below each boxed area. If pre-printed information is incorrect or missing, type in above the boxed areas or hand print in boxed areas for changes and additions.

PLEASE REFER TO GENERAL INSTRUCTIONS BOOKLET FOR MORE DETAILED INSTRUCTIONS

8 STATE REGISTRATION NUMBER POINT NUMBER

86420

007

NOTE: IF IT IS NECESSARY TO FILL OUT MORE SCC CODES THAN THIS FORM ALLOWS, FILL OUT AN ADDITIONAL FORM. THE STATE REGISTRATION NUMBER AND POINT NUMBER MUST BE INDICATED ON THE ADDITIONAL FORM(S).

SCC CODE

MATERIAL THRUPUT

UNIT CODE

% SULFUR

% ASH

% VOC

9

1-02-006-02

00000030.68

08

00.00

00.00

000.00

COMMENT:

DEQ USE ONLY

001

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

BLR 10-100 MMBTUH, NAT GAS

10

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

11

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

12

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

13

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

14

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

NOTE: REPORT MATERIAL THRUPUT IN THE UNITS SPECIFIED IN THE INSTRUCTION BOOKLET, TABLE V.

AQ30, EQUIPMENT IDENTIFICATION 1995 - CONTINUATION

THIS INFORMATION REQUIRED UNDER THE AUTHORITY OF ARTICLE 1, POLLUTION CONTROL CHAPTER 1, POINT SOURCE POLLUTION CONTROL, PART 55 OF PA 151 OF 1984, THE NATURAL RESOURCE AND ENVIRONMENTAL PROTECTION ACT

Note: Current information is pre-printed below each boxed area. If pre-printed information is incorrect or missing, type in above the boxed areas or hand print in boxed areas for changes and additions.

PLEASE REFER TO GENERAL INSTRUCTIONS BOOKLET FOR MORE DETAILED INSTRUCTIONS

8 STATE REGISTRATION NUMBER POINT NUMBER

66420

005

NOTE: IF IT IS NECESSARY TO FILL OUT MORE SCC CODES THAN THIS FORM ALLOWS, FILL OUT AN ADDITIONAL FORM. THE STATE REGISTRATION NUMBER AND POINT NUMBER MUST BE INDICATED ON THE ADDITIONAL FORM(S).

SCC CODE

MATERIAL THRUPUT

UNIT CODE

% SULFUR

% ASH

% VOC

9

1-02-006-02

00000016.00

08

00.00

00.00

000.00

COMMENT:

DEQ USE ONLY

001

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

BLR 10-100 MMBTUH, NAT GAS

10

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

11

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

12

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

13

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

14

COMMENT:

DEQ USE ONLY

☐ 1. ADD

☐ 2. CHANGE

☐ 3. DEL

☐ 4. OK

NOTE: REPORT MATERIAL THRUPUT IN THE UNITS SPECIFIED IN THE INSTRUCTION BOOKLET, TABLE V.

Attachment F

August 1996 Precipitator Log

PRECIPITATOR LOG

DATE	TIME	A SECTION		A/M	B SECTION		A/M	C SECTION		A/M	REMARKS
		VOLTS	AMPS		VOLTS	AMPS		VOLTS	AMPS		
8-2-96	0123	290	6	A	305	26	A	310	27	A	100/100
8-2-96	1550	270	0	A	300	17	A	320	27	A	100/100
8-2-96	1900	280	0	A	300	18	A	320	27	A	100-100
8-3-96	0650	270	0	A	295	15	A	325	27	A	100-100
8-3-96	1549	290	0	A	280	11	A	330	26	A	100/100
8-4-96	2330	290	0	A	300	15	A	340	28	A	100/100
8-4-96	0107	280	0	A	290	12	A	330	24	A	100/100
8-4-96	1600	270	0	A	290	10	A	320	25	A	100/100
8-5-96	2300	290	0	A	300	12	A	320	28	A	100/100
8-5-96	0646	280	0	A	290	12	A	320	25	A	100/100
8-5-96	1600	260	2	A	260	15	A	300	20	A	100/100
8-5-96	2340	245	0	A	300	21	A	320	27	A	100/100
8-6-96	0630	250	0	A	260	15	A	320	26	A	100/100
8-6-96	1935	250	10	A	300	20	A	320	27	A	100/100
8-7-96	1905	240	10	A	305	20	A	320	26	A	100/100
8-7-96	2326	270	0	A	310	21	A	320	27	A	100/100
8-8-96	1230	250	10	A	290	15	A	320	26	A	100/100
8-8-96	2310	270	10	A	310	25	A	315	27	A	100/100
8-8-96	0637	270	11	A	310	21	A	320	25	A	100/100
8-9-96	1515	250	0	A	300	15	A	310	17	A	100/100
8-9-96	1940	270	0	A	300	20	A	315	27	A	8-1 100-100
8-10-96	0648	250	10	A	300	20	A	310	17	A	100/100

PRECIPITATOR LOG

DATE	TIME	A SECTION		A/M	B SECTION		A/M	C SECTION		A/M	REMARKS
		VOLTS	AMPS		VOLTS	AMPS		VOLTS	AMPS		
8-10-96	2225	260	410	A	285	15	A	320	22	A	100/100
8-10-96	0645	270	10	A	300	20	A	320	22	A	100/100
8-11-96	1515	250	0	A	300	15	A	320	22	A	100/100
8-11-96	2115	280	0	A	300	17	A	320	27	A	C-1 100-100
8-12-96	0738	245	0	A	305	15	A	315	27	A	100/100
8-12-96	1600	250	410		300	11	A	320	26	A	100/100
8-13-96	2300	280	10	A	300	20	A	320	22	A	100/100
8-13-96	0652	270	14	A	300	25	A	310	27	A	100-100
8-13-96	1456	260	13	A	320	35	A	315	28	A	100/100
8-14-96	0711	260	0	A	330	35	A	315	28	A	100/100
8-14-96	2300	250	410	A	300	22	A	310	23	A	100/100
8-15-96	0655	250	5	A	300	21	A	300	27	A	100-100
8-15-96	1447	230	0	A	290	14	A	320	28	A	100/100
8-15-96	1824	250	10		290	18	A	310	27	A	100/100
8-16-96	0700	260	10	A	300	20	A	320	27	A	100/100
8-16-96	1100	250	410	A	300	25	A	315	27	A	100/100
8-16-96	2300	270	10	A	300	21	A	320	26	A	100/100
8-17-96	0635	280	14	A	315	33	A	315	27	A	C-2 100-100
8-17-96	1850	240	12	A	310	28	A	315	28	A	100/100
8-18-96	0700	280	10	A	330	35	A	315	27	A	100/100
8-18-96	2300	280	12	A	320	30	A	315	27	A	100/100
8-19-96	0630	290	13	A	330	39	A	320	27	A	100/100

PRECIPITATOR LOG

DATE	TIME	A SECTION		A/M	B SECTION		A/M	C SECTION		A/M	REMARKS
		VOLTS	AMPS		VOLTS	AMPS		VOLTS	AMPS		
8/19/96	1430	250	0	A	310	30	A	320	28	A	
8-19-96	1930	240	0	A	300	20	A	320	27	A	A-4/5 100-100
8/20/96	0635	290	0	A	300	20	A	315	27	A	100/100
8/20/96	1500	240	0	A	300	18	A	310	25	A	100/100
8-20-96	2315	240	0	A	280	12	A	320	28	A	100/100
8/21/96	0730	240	0	A	300	13	A	330	27	A	100/100
8/21/96	1500	230	0	A	270	12	A	320	28	A	100/100
8-21-96	2241	230	6	A	290	13	A	330	27	A	100/100
8-22-96	0645	250	14	A	300	20	A	320	28	A	100/100
8-22-96	1500	250	10	A	300	15	A	320	22	A	100/100
8-22-96	1823	220	2	A	290	11	A	330	27	A	100/100
8/23/96	0649	230	6	A	290	12	A	320	20	A	100/100
8-23-96	1500	220	2/6	A	300	15	A	320	25	A	100/100
8/23/96	1907	250	0	A	290	12	A	300	20	A	100/100
8-23-96	2248	245	0	A	275	13	A	330	20	A	100/100
8-24-96	0630	250	410	A	300	12	A	320	25	A	100/100
8-24-96	1923	190	0/4	A	280	10	A	320	17	A	100/100
8/25/96	0750	245	0	A	300	13	A	320	20	A	
8/25/96	1530	250	0	A	280	10	A	320	24	A	100/100
8-25-96	2247	280	5	A	270	15	A	325	27	A	100/100
8-25-96	0645	260	0	A	300	25	A	315	27	A	C-2 100-100
8-25-96	1545	230	0	A	300	17	A	320	27	A	4-3 100/100

Attachment G

Sulfur Sample Results - May 1996

REAM & HAAGER LABORATORIES

P.O. BOX 746 1226 KADERLY STREET NW NEW PHILADELPHIA, OHIO 44663-1297
(216) 343-3711 FAX (216) 343-9858

May 10, 1996

LABORATORY NO: 246484

DATE RECEIVED: 5/9/96

ANALYSIS OF: COAL - 6 BAG COMP - 5/1, 5/2, 5/3, 5/4, 5/6, & 5/7/96

RECEIVED FROM: E.B. EDDY PAPER INC
POWER PLANT-DOCK E, 1705 WASHINGTON AVE
PORT HURON, MI 48060

REPORTED TO: MR. RANDY MCNEALY

	AS RECEIVED	DRY	ASTM METHOD
MOISTURE	5.98%	—	(D-2961, D-3173)
ASH	8.13%	8.65%	(D-3174)
VOLATILE MATTER			(D-3175)
FIXED CARBON			(D-3174)
SULFUR	0.87%	0.92%	(D-4239)
HEAT CONTENT	12,947 BTU/lb	13,771 BTU/lb	(D-1989)
MAF	—	15,075 BTU/lb	

ASH FUSION DATA (D-1857)

INITIAL DEFORMATION	2579 Deg. F
SOFTENING (H=W)	2642 Deg. F
SOFTENING (H=1/2W)	2762 Deg. F
FLUID TEMPERATURE	2800 Deg. F

RESIDUAL MOISTURE	2.65%	(D-3173)
EQUILIBRIUM MOISTURE	%	(D-1412)
FREE SWELLING INDEX		(D-0720)
GRINDABILITY INDEX	HGI-38	(D-0409)
FERRIC OXIDE (Fe ₂ O ₃)	%	(D-3682)
CHLORINE	%	(D-4208)

ANALYZED BY:

Vibha Acharya
VIBHA ACHARYA, CHEMIST

Maximum potential (SO₂) in stack gas = 1.27 lbs / megBTU

REAM & HAAGER LABORATORIES

P.O. BOX 746 1226 KADERLY STREET NW NEW PHILADELPHIA, OHIO 44663-1297
(216) 343-3711 FAX (216) 343-9858

June 3, 1996

LABORATORY NO: 246806

DATE RECEIVED: 5/24/96

ANALYSIS OF: COAL - 8 BAG COMP-5/8, 5/9, 5/10, 5/16, 5/17, 5/18, 5/20, & 5/21/96

RECEIVED FROM: E.B. EDDY PAPER INC
POWER PLANT-DOCK E, 1705 WASHINGTON AVE
PORT HURON, MI 48060

REPORTED TO: MR. RANDY MCNEALY

	AS RECEIVED	DRY	ASTM METHOD
MOISTURE	9.68%	—	(D-2961, D-3173)
ASH	8.23%	9.11%	(D-3174)
VOLATILE MATTER			(D-3175)
FIXED CARBON			(D-3174)
SULFUR	0.98%	1.09%	(D-4239)
HEAT CONTENT	12,274 BTU/lb	13,590 BTU/lb	(D-1989)
MAF	—	14,952 BTU/lb	

ASH FUSION DATA (D-1857)

INITIAL DEFORMATION	2284 Deg. F
SOFTENING (H=W)	2318 Deg. F
SOFTENING (H=1/2W)	2384 Deg. F
FLUID TEMPERATURE	2482 Deg. F

RESIDUAL MOISTURE 2.67% (D-3173)

EQUILIBRIUM MOISTURE % (D-1412)

FREE SWELLING INDEX (D-0720)

GRINDABILITY INDEX (D-0409)

FERRIC OXIDE (Fe₂O₃) % (D-3682)

CHLORINE % (D-4208)

ANALYZED BY:

Vibha Acharya
VIBHA ACHARYA, CHEMIST

Maximum potential (SO₂) in stack gas = 1.52 lbs/ megBTU

REAM & HAAGER LABORATORIES

P.O. BOX 746 1226 KADERLY STREET NW NEW PHILADELPHIA, OHIO 44663-1297
(216) 343-3711 FAX (216) 343-9858

June 4, 1996

LABORATORY NO: 246943

DATE RECEIVED: 6/3/96

ANALYSIS OF: COAL - 6 BAG COMP-5/22, 5/23, 5/24, 5/25, 5/26, 5/29/96

RECEIVED FROM: E.B. EDDY PAPER INC
POWER PLANT-DOCK E, 1705 WASHINGTON AVE
PORT HURON, MI 48060

REPORTED TO: MR. RANDY MCNEALY

	AS RECEIVED	DRY	ASTM METHOD
MOISTURE	7.87%	—	(D-2961, D-3173)
ASH	7.03%	7.63%	(D-3174)
VOLATILE MATTER			(D-3175)
FIXED CARBON			(D-3174)
SULFUR	0.99%	1.08%	(D-4239)
HEAT CONTENT	12,693 BTU/lb	13,777 BTU/lb	(D-1989)
MAF	—	14,915 BTU/lb	

ASH FUSION DATA (D-1857)

INITIAL DEFORMATION	2405	Deg. F
SOFTENING (H=W)	2447	Deg. F
SOFTENING (H=1/2W)	2510	Deg. F
FLUID TEMPERATURE	2711	Deg. F

RESIDUAL MOISTURE 1.96% (D-3173)

EQUILIBRIUM MOISTURE % (D-1412)

FREE SWELLING INDEX (D-0720)

GRINDABILITY INDEX (D-0409)

FERRIC OXIDE (Fe_2O_3) % (D-3682)

ANALYZED BY: Vibha Acharya
VIBHA ACHARYA, CHEMIST

CHLORINE % (D-4208)

Maximum potential (SO_2) in stack gas = 1.49 lbs/ megBTU

Exhibit H

July 1996 Volatile Organic Compounds Emission Report from Paper Machine #8



E. B. EDDY PAPER, INC.

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

August 14, 1996

Mr. Fred Rieth
District Supervisor of Air Quality
Michigan Department of Environmental Quality
38980 Seven Mile Road
Livonia, MI 48152

Dear Mr. Rieth:

Enclosed please find our monthly report of VOC emissions, as required by our Air Quality Permit No. 690-88. This report is for the month of July, 1996.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Christine J. Lupu
Environmental Engineer

CJL:jbz

cc: S. J. Bentley

Attachment

AIR QUALITY PERMIT NO. 690-88

MONTHLY REPORT FOR JULY 1996

E. B. EDDY PAPER, INC.
1700 WASHINGTON AVENUE
P. O. BOX 5003
PORT HURON, MI 48061-5003

NUMBER 8 PAPER MACHINE

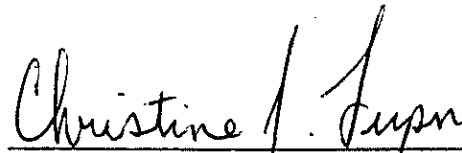
VOC EMISSIONS
MONTHLY VOC TOTAL

(TONS)

1	1.53	JULY 1996
2	1.88	JUNE 1996
3	1.50	MAY 1996
4	1.63	APRIL 1996
5	1.99	MARCH 1996
6	1.37	FEBRUARY 1996
7	1.40	JANUARY 1996
8	1.19	DECEMBER 1995
9	1.06	NOVEMBER 1995
10	1.41	OCTOBER 1995
11	1.42	SEPTEMBER 1995
12	1.74	AUGUST 1995

TOTAL 18.12

12 Month Rolling Average (Tons): 1.51 Air Use Permit Limit is
26.2 tons of V.O.C. per 12 months.



Christine J. Lupu
Environmental Engineer

Attachment H

July 1996 Volatile Organic Compounds Emission Report from Paper Machine #8

Attachment I

Summary Report April - June 1996 for Coal Boiler (#5)

CSL

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

AIR QUALITY DIVISION

SUMMARY REPORT

GASEOUS AND OPACITY EXCESS
EMISSION AND MONITORING SYSTEM PERFORMANCE

Pollutant: SO₂/NO_x/TRS/H₂S/CO/OPACITY Reporting Period: April - June '96
Company: E.B. Eddy Paper, Inc. Unit Description: #5 Boiler
Emission Limit: 6 min Ave Greater than 30% Total Source Operating Time: 131,040 Min
Monitor manufacturer, model no. & serial no.: Lear Siegler 1100 M, 1142

EMISSION DATA SUMMARY ¹		
1. Duration of excess emissions (EE) in reporting period due to:		
a.	Startup/Shutdown	162
b.	Soot Blowing	66
c.	Control Equipment Problems	0
d.	Process Problems	6
e.	Other Known Causes	6
f.	Unknown Causes	0
2. Total duration of EE		240
3. $\frac{\text{Total duration of EE}}{\text{Total source operating time}} \times 100$		0.18 %

CEM SYSTEM SUMMARY ¹		
1. CEM system downtime in reporting period due to:		
a.	Monitor Equipment Malfunction	305
b.	Non-Monitor Equipment Malfunctions	0
c.	Quality Assurance Calibration	360
d.	Other Known Causes	0
e.	Unknown Causes	0
2. Total CEM system downtime		665
3. $\frac{\text{Total CEM system downtime}}{\text{Total source operating time}} \times 100$		0.51 %

¹For opacity, record time in minutes. For gases, record time in hours

Comments: _____

I certify that the information contained in this report is true, accurate, and complete.

Signature: [Signature] Date: 7/1/96

Excess Emission Report

OPACITY

April-June 1996

Date Occurred	Magnitude		Time-Duration		Cause	Corrective Action	Cause Code
	Ave	Max	Start	Stop			
4/9/96	22	22	17:45	17:51	Soot Blowing	-----	B
4/14/96	30	30	3:27	3:33	Soot Blowing	-----	B
4/17/96	26	26	3:04	3:10	Soot Blowing	-----	B
4/20/96	23	23	4:46	4:52	Soot Blowing	-----	B
4/27/96	24	24	11:16	11:22	Soot Blowing	-----	B
5/2/96	23	23	2:29	2:35	Soot Blowing	-----	B
5/4/96	22	22	4:29	4:35	Soot Blowing	-----	B
5/11/96	37	68	6:35	7:29	Rappers Off	Boiler Shutdown	A
	22	22	7:53	7:59	Rappers Off	Boiler Shutdown	A
	24	26	10:05	10:17	Rappers Off	Boiler Shutdown	A
	46	57	10:47	11:17	Rappers Off	Boiler Shutdown	A
	25	25	13:35	13:41	Rappers Off	Boiler Shutdown	A
5/13/96	24	24	11:12	11:18	Sand Blasting	Boiler Shutdown	A
	28	28	11:36	11:42	Sand Blasting	Boiler Shutdown	A
	25	29	11:54	12:18	Sand Blasting	Boiler Shutdown	A
	24	24	12:42	12:48	Sand Blasting	Boiler Shutdown	A
5/17/96	31	34	0:09	0:21	Startup Fan	Boiler Startup	A
6/22/96	37	37	17:06	17:12	Soot Blowing	-----	B
6/24/96	24	24	5:24	5:30	Coal Pluggage	Manually Rodded Piping	E
	32	43	17:36	17:42	Soot Blowing	-----	B
6/26/96	29	35	17:48	18:00	Soot Blowing	-----	B
6/29/96	26	26	14:06	14:12	Coal Pluggage	Manually Rodded Pluggage	D

CAUSE CODE

- A. Startup/Shutdown
- B. Soot Blowing
- C. ESP Problems
- D. Boiler Problems
- E. Other
- F. Unknown

MONITORING SYSTEM INOPERATIVE

April-June 1996

Date Occurred	Parameter Affected	Time-Duration		Cause	Corrective Action	Cause Code
		Start	Stop			
5/14/96	Opacity	6:00	12:00	Calibration	-----	C
5/28/96	Opacity	4:35	9:40	Unit Shorting Out	Replaced Power Supply	A

CAUSE CODE

- A. Monitor equipment malfunction
- B. Non-monitor equip. malfunction
- C. Quality assurance Calibration
- D. Other known causes
- E. Unknown causes

CERTIFICATION AUDIT

40CFR60, APP. B, PS1

CONTINUOUS OPACITY

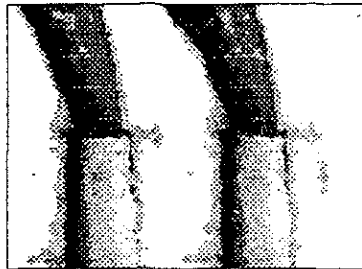
MONITORING SYSTEM (COMS)

E.B. Eddy, Inc.

Boiler #5

1100M

1142



15-May-96

PREPARED FOR:

E.B. Eddy, Inc.

Boiler #5

Port Huron, Michigan

TABLE OF CONTENTS

<i>INTRODUCTION</i>	<i>1</i>
<i>TEST PROCEDURES</i>	<i>1</i>
<i>RESULTS.....</i>	<i>1</i>
<i>CALIBRATION FILTER SELECTION</i>	<i>2</i>
<i>RESPONSE TIME DETERMINATION.....</i>	<i>3</i>
<i>CALIBRATION ERROR DETERMINATION.....</i>	<i>4</i>
<i>FIELD TEST DATA.....</i>	<i>APPENDIX A</i>

INTRODUCTION

Monitor Labs, Inc. was contracted to conduct a performance evaluation in accordance with USEPA 40CFR60, App. B, PS 1 on the opacity monitoring system located at the site stated below. All results are within specification.

Customer name	E.B. Eddy, Inc.		
Monitor Location	Boiler #5		
Facility Location (city,state)	Port Huron, Michigan		
Instrument Manufacturer	Monitor Labs, Inc.		
Instrument Model #	1100M		
Instrument Serial #	1142		
Today's Date (mo/dd/yr)	5/15/96		
Monitoring Pathlength (in meters)(0.305m=1ft)	1.509		
Emission Outlet Pathlength (in meters)	1.509		
Flange to Flange Distance (in meters)	1.766		
OPLR	0.500		
Instrument Span (%)	100		
Person Conducting Test	A. Kumm		
Date of Cal Error Testing (mo/dd/yr)	5/14/96		
Low Neutral Density Filter Value	0.1228	Tool No.	1011
Mid Neutral Density Filter Value	0.4137	Tool No.	1012
High Neutral Density Filter Value	0.6982	Tool No.	1013

TEST PROCEDURES

Calibration Error Test

The Calibration Error Test was performed IAW paragraph 7.1.4 of the 40CFR60, App B, PS1. Low, mid, and high range filters certifiable to the National Institute of Standards and Testing were used. Fifteen non-consecutive tests were completed using the three filters (five readings with each filter). The calibration error is represented by the sum of the mean differences plus 95 percent confidence interval expressed as a percentage of the known filter value.

Response Time Test

The response Time Test was performed IAW paragraph 7.1.5 of 40CFR60, App B, PS1. The high range calibration filter is inserted into the light path five times. The upscale response time is the time it takes the system to respond to 95% of the filter value when the filter is inserted into the light path. The downscale response time is the time it takes the system to respond to 5% of the filter value when the filter is removed from the light path.

RESULTS

Test	Specification	Actual
Calibration Error (%)	$\leq 3 \%$	0.51 Low 0.57 Mid 1.04 High
Response Time (seconds)	< 10 seconds	6.60 Average

CALIBRATION FILTER SELECTION

Nominal attenuator optical density based upon instrument span:

(Table 1-2 of 40CFR60, App. B, PS 1)

Span %	Calibrated Attenuator Optical Density/Opacity					
	Low-range		Mid-range		High-range	
40	0.05	11	0.1	20	0.2	37
50	0.1	20	0.2	37	0.3	50
60	0.1	20	0.2	37	0.3	50
70	0.1	20	0.3	50	0.4	60
80	0.1	20	0.3	50	0.6	75
90	0.1	20	0.4	60	0.7	80
100	0.1	20	0.4	60	0.9	87.5

	Optical Density	Opacity %
Low	0.1	20
Mid	0.4	60
High	0.9	87.5

Desired optical density:

Based upon nominal value x (Monitor Pathlength/Emission Outlet Pathlength -or- $1/(2 \cdot \text{OPLR})$)*

	Optical Density	Opacity %**
Low	0.100	20.57
Mid	0.400	60.19
High	0.900	87.41

Actual filter values:

(Actual Filters are chosen from filters with OD values closest to either *nominal* values or *desired* values.)

	Optical Density	Opacity %**	Tool No.
Low	0.1228	24.63	1011
Mid	0.4137	61.43	1012
High	0.6982	79.96	1013

*IAW 40CFR60, App. B, PS1, 7.1.2, eq. 1-1

**Opacity % = $100 \cdot (1 - 10^{(-2 \cdot \text{OD}_{\text{of Filter}} \cdot \text{OPLR})})$, IAW Opacity Monitor Instruction Manual

RESPONSE TIME DETERMINATION

Person Conducting Test	<u>A. Kumm</u>	Analyzer Manufacturer	<u>Monitor Labs, Inc.</u>
Affiliation	<u>Monitor Labs, Inc.</u>	Model Serial No.	<u>1100M 1142</u>
Date	<u>14-May-96</u>	Location	<u>Port Huron, Michigan</u>

High Range Calibration Filter Value:	Desired Optical Density (Opacity)	<u>(87.50)</u>
	Path Adjusted Optical Density (Opacity)	<u>(79.96)</u>

Upscale Response Value (0.95 x filter value)	<u>75.97</u>	percent opacity
Downscale Response Value (0.05 x filter value)	<u>4.00</u>	percent opacity

Upscale	1	<u>5.00</u>	seconds
	2	<u>6.00</u>	seconds
	3	<u>3.00</u>	seconds
	4	<u>5.00</u>	seconds
	5	<u>6.00</u>	seconds

Downscale	1	<u>9.00</u>	seconds
	2	<u>8.00</u>	seconds
	3	<u>7.00</u>	seconds
	4	<u>9.00</u>	seconds
	5	<u>8.00</u>	seconds

Average Response	<u>6.60</u>	seconds
------------------	-------------	---------

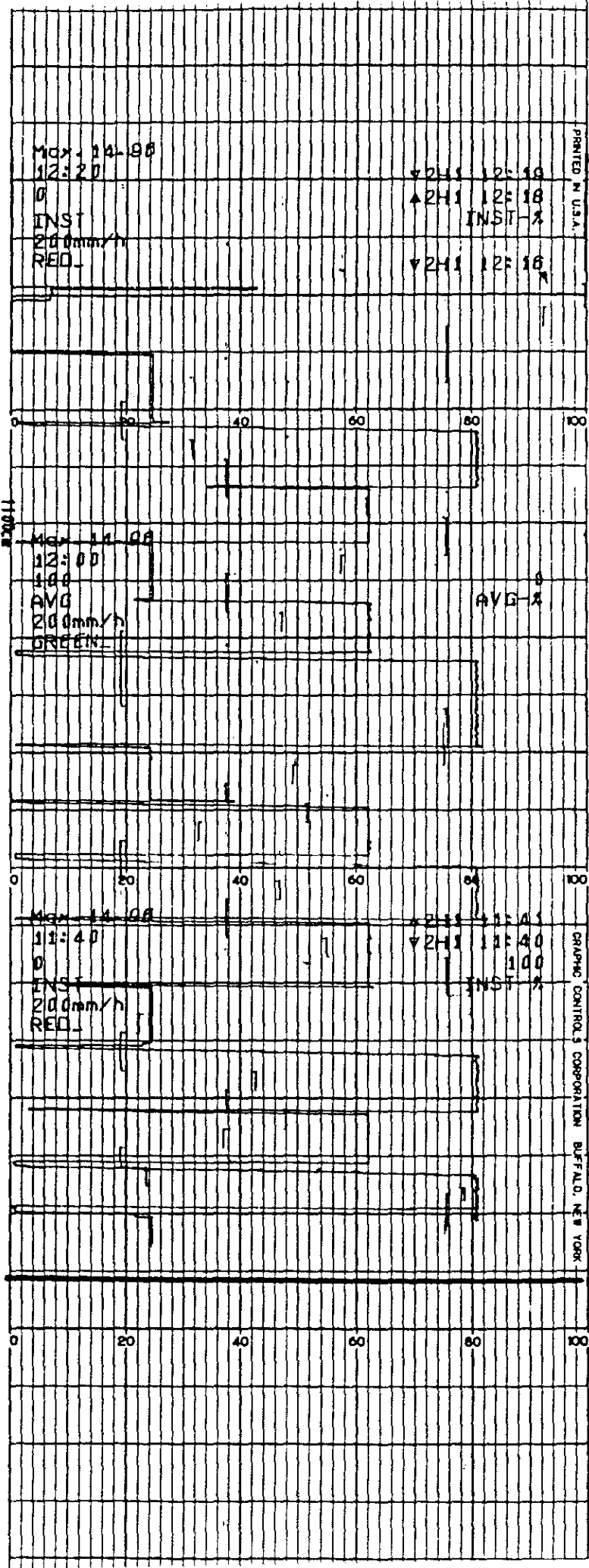
CALIBRATION ERROR DETERMINATION

Person Conducting Test	<u>A. Kumm</u>	Analyzer Manufacturer	<u>Monitor Labs. Inc.</u>
Affiliation	<u>Monitor Labs. Inc.</u>	Model/Serial No.	<u>1100M / 1142</u>
Date	<u>5/14/96</u>	Location	<u>Port Huron, Michigan</u>
Monitoring System Output Pathlength Corrected? Yes <u>x</u> No <u> </u>		OPLR= <u>0.500</u>	

Calibrated Neutral Density Filter Values			
Desired Optical Density (Opacity):		Path Adjusted Optical Density (Opacity):	
			Tool No.
Low-Range	0.10 (20.00)	Low-Range	0.1228 (24.63) 1011
Mid-Range	0.40 (60.00)	Mid-Range	0.4137 (61.43) 1012
High-Range	0.90 (87.50)	High-Range	0.6982 (79.96) 1013

Run Number	Calibration Filter Value (Path-Adjusted Percent Opacity)	Instrument Reading (Opacity), percent	Arithmetic Difference (Opacity), percent			
			Low	Mid	High	
1-Low	24.63	24.50	0.13			
2-Mid	61.43	62.00		0.57		
3-High	79.96	81.00			1.04	
4-Low	24.63	24.50	0.13			
5-Mid	61.43	62.00		0.57		
6-High	79.96	81.00			1.04	
7-Low	24.63	24.00	0.63			
8-Mid	61.43	62.00		0.57		
9-High	79.96	81.00			1.04	
10-Low	24.63	24.50	0.13			
11-Mid	61.43	62.00		0.57		
12-High	79.96	81.00			1.04	
13-Low	24.63	24.50	0.13			
14-Mid	61.43	62.00		0.57		
15-High	79.96	81.00			1.04	
Remarks:	(1) Calibration Error <= 3% Opacity.	Arithmetic Mean (Equation 1-3)	x	0.23	0.57	1.04
		Standard Deviation (Equation 1-4)	Sd	0.22	0.00	0.00
		Confidence Coefficient (Equation 1-5)	cc	0.28	0.00	0.00
		Calibration Error % (Equation 1-6)	Er	0.51	0.57	1.04

APPENDIX A
FIELD TEST DATA



MAY 14 1966
12:20
0
INST
200mm/h
RED

2H1 12:10
2H1 12:18
INST
2H1 12:16

PRINTED IN U.S.A.

1100

MAY 14 1966
12:00
100
AVG
200mm/h
GREEN

AVG

MAY 14 1966
11:40
0
INST
200mm/h
RED

2H1 11:40
2H1 11:40
100
INST

GRAPHIC CONTROLS CORPORATION BUFFALO, N.Y. YORK

Attachment J
NPDES Discharge Monitoring Requirements - 8/27/96



E. B. EDDY PAPER, INC.

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

August 27, 1996

Ms. Patricia Brandt, PCS Coordinator
MDEQ- Surface Water Quality Division
P.O. Box 30273
Lansing MI 48909-7773

Dear Ms. Brandt:

Enclosed you will find a revision of the E.B. Eddy Paper, Inc. NPDES Discharge Monitoring Report (DMR) for July 1996. We discovered an error in our calculation this month for report of Dechlorination Reagent used. Therefore we are submitting the revised DMRs and daily monitoring report at this time.

The information revised includes:

Outfall 008A: Dechlorination Reagent used
Outfall 009A: Dechlorination Reagent used

Please do not hesitate to call me if there are any problems.

Sincerely,

Christine J. Lupu
Environmental Engineer

cc: S. Bentley

NAME E. B. Eddy Paper Inc.
ADDRESS P.O. Box 5003
Port Huron MI 48060

FACILITY _____
LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MI 0002160

008A)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

TO

YEAR	
CH	

MO

DAY
01

YEA
67

MO

DAY	5
-----	---

(20-2)

(22.2)

31 124.

126-2

128-2

91 130

NOTE: Read instructions before completing this form.

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Christine J. Lupu
Environmental Engineer

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 18 USC § 1035 (Falsification of Financial Statements) and 18 USC § 1001 (Falsification of Statements) and 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years).

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

810 1982-0191

96	08	27
----	----	----

AREA
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT DAILY MONITORING

MI0002160	008A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	07	01	96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

<i>Christine J. Lupu</i>	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<u>Christine J. Lupu</u> <u>Environmental Engineer</u>
	TYPED OR PRINTED

OUTFALL 008A (2 OF 2)

PAR #:	01042101	01027101	01051101	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	LEAD, TOTAL	DECHLOR. REAGE
LIMIT:	REPORT	REPORT	REPORT	REPORT
UNITS:	ug/L	ug/L	ug/L	LBS/DAY
DATE:				
1				26.3
2	17	0.0	1.2	24.2
3				9.3
4				24.4
5				33.9
6				32.2
7				28.8
8				31.0
9	56	0.0	0.0	29.0
10				26.7
11				27.5
12				27.5
13				35.8
14				31.7
15				29.3
16				25.8
17	11	0.1	1.5	26.3
18				25.7
19				31.2
20				24.4
21				26.3
22				28.0
23	0	0.0	0.0	27.3
24				35.4
25				39.4
26				35.9
27				25.8
28				26.2
29				27.3
30	12	0.0	2.8	28.2
31				27.2
23(extra)	39	0.0	1.3	
AVERAGE:	22.5	0.02	1.1	28.3
TOTAL:	135	0.10	6.8	878.1
MINIMUM:	0	0.00	0.0	9.3
MAXIMUM:	56	0.10	2.8	39.4

**DISCHARGE MONITORING REPORT
DAILY MONITORING**

MI0002160	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	07	01		96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
E. B. Eddy Paper, Inc.
1700 Washington Ave.
Port Huron, MI 48060
 FACILITY
 LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

<i>Christine J. Lupu</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Christine J. Lupu</i> <i>Environmental Engineer</i> TYPED OR PRINTED
--	---

----- OUTFALL 009A (2 OF 2) -----

PAR #:	01042101	01027101	61406R00	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	TOXICITY	DECHLOR. REAGENT
LIMIT:	REPORT	REPORT	1.0 DAILY MAX	REPORT
UNITS:	ug/L	ug/L	T.U.	LBS/DAY
DATE:	1			330.5
	2	43	0	330.5
	3			231.4
	4			330.5
	5			265.8
	6			247.8
	7			247.8
	8			247.8
	9	39	0	562.9
	10			595.1
	11			606.8
	12			608.4
	13			656.6
	14			606.5
	15			578.1
	16		0.00	539.8
	17	140	0	569.5
	18			516.2
	19			490.2
	20			635.3
	21			652.5
	22			655.3
	23	3	0	666.6
	24			697.2
	25			515.2
	26			553.0
	27			564.0
	28			554.9
	29			533.9
	30	51	0	533.9
	31			547.7
	23(extra)	31	0.10	
AVERAGE:	51	0.2	0	506
TOTAL:	307	1.0	0.00	15571.7
MINIMUM:	3	0.0	0.00	231.4
MAXIMUM:	140	0.3	0.00	697.2

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME E. B. Eddy Paper, Inc.
ADDRESS P.O. Box 5003
Pont Huron MI 48060
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
MI 0002160 009A
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
96 07 01 96 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

outfall 009 to St. Clair River
Subr DO
F-Final
Major

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Dechlorination Reagent, Gen 50092, 100 Effluent Gross Value	506	697.2	26						0	Daily	Measrd
	PERMIT REQUIREMENT	Report 30 DA AVG	Report Daily Max	LBS/DY							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
Christine J. Lupu Environmental Engineer	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED	TELEPHONE										
	810 982-0191										
	DATE										
	96 08 27										
	AREA CODE NUMBER YEAR MO DAY										

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attachment k
NPDES Discharge Monitoring Requirements - Operation Logs

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM

YEAR MO DAY

TO

YEAR MO DAY

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1. pH	SAMPLE MEASUREMENT	9.1	12.6	6					0	Daily	Heard
	PERMIT REQUIREMENT	REPORT	REPORT								
2. DIBENZO(A,H)ANTHRACENE	SAMPLE MEASUREMENT	1							0	Daily	Visual
	PERMIT REQUIREMENT	REPORT	*****	1							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Steph S. Bentley
Technical Director

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

DATE

Sig. 982 0991 96 05 09

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

8/2/96 [Signature]

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.

DMB No. 2040-0004 R

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT				7.0		7.5		0	Daily Grab
2.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
3.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
4.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
5.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
6.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
7.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
8.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
9.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
10.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
11.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
12.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
13.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
14.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
15.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
16.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
17.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
18.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
19.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
20.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
21.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
22.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
23.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
24.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
25.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
26.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
27.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
28.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
29.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
30.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
31.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
32.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
33.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
34.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
35.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
36.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
37.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
38.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
39.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
40.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
41.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
42.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
43.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
44.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
45.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
46.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
47.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
48.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
49.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
50.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
51.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
52.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
53.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
54.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
55.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
56.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
57.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
58.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
59.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
60.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
61.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
62.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
63.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
64.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
65.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
66.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
67.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
68.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
69.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
70.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
71.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
72.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
73.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
74.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
75.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
76.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
77.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
78.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
79.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
80.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
81.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
82.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
83.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
84.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
85.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
86.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
87.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
88.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
89.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
90.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
91.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
92.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
93.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
94.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
95.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
96.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
97.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
98.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
99.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									
100.0 EFFLUENT CROSS VAL	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen J. B. B. B.
Director

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

810 982-0191

AREA CODE

NUMBER

DATE

96 08 09

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Exceeding Note - Toxicity for 10th grad Minnows is not tested is allowed by MDR letter of 4/5/91.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM

YEAR MO DAY

TO

YEAR MO DAY

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1. <i>ENTER, PLANT</i>	SAMPLE MEASUREMENT								0	Once/Month	Comp 21
2. <i>ENTER, PLANT</i>	PERMIT REQUIREMENT									MONTH	
3. <i>ENTER, PLANT</i>	SAMPLE MEASUREMENT	162	223						0	Daily	Heard
4. <i>ENTER, PLANT</i>	PERMIT REQUIREMENT										
5. <i>ENTER, PLANT</i>	SAMPLE MEASUREMENT	1							0	Daily	Visual
6. <i>ENTER, PLANT</i>	PERMIT REQUIREMENT			1							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen S. Bentley
Deputy Director

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

TELEPHONE

510 452-0191

DATE

96 03 09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Stephen S. Bentley

AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM

YEAR MO DAY

TO

YEAR MO DAY

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT		1354	2608						0	Daily	Compt
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		449	3641						0	Daily	Compt
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		3.81	4.48						0	Daily	Measrd
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John T. B. Bailey

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

John T. B. Bailey

TELEPHONE

511 783 1191

DATE

96 05 09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		263	711						0	Daily	Comp 2
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		233	775						0	Daily	Comp 2
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		1.56	2.36						0	Daily	Heard
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen J. Leahy
Regional Director

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

349320191

DATE

96 05 09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Stephen J. Leahy

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

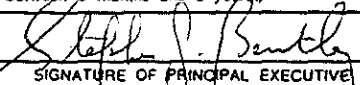
DISCHARGE MONITORING REPORT
DAILY MONITORING

MI0002160	008A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	07	01		96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Stephen J. Bentley Technical Director TYPED OR PRINTED
--	--

		OUTFALL 008A (1 OF 2)				
PAR #:		84130 1 0 0	00400 1 0 0	50060 1 0 0	00530 1 1 0	50060 1 0 1
PARAMETER:		VISUAL	pH	FLOW	TSS	TRC
LIMIT:		REPORT	6.5 - 9.0	REPORT	435 (MAY-OCT)	36 DAILY MAX
UNITS:		1=YES 0=NO	S.U.	MGD	LBS/DAY	UG/L
DATE:	1	1	7.4	0.394	19.7	0.000
	2	1	7.5	0.369	30.8	0.000
	3	1	7.6	0.256	72.6	0.000
	4	1	7.6	0.384	146.0	0.000
	5	1	7.5	0.515	84.2	0.000
	6	1	7.5	0.496	77.8	0.000
	7	1	7.5	0.432	50.4	0.000
	8	1	7.5	0.480	46.4	0.000
	9	1	7.5	0.450	58.5	0.000
	10	1	7.6	0.400	21.4	0.000
	11	1	7.6	0.415	20.8	0.000
	12	1	7.6	0.428	22.1	0.000
	13	1	7.4	0.564	26.3	0.000
	14	1	7.6	0.490	39.2	0.000
	15	1	7.5	0.430	29.4	0.000
	16	1	7.8	0.400	146.8	0.000
	17	1	7.6	0.380	50.7	0.000
	18	1	7.7	0.380	57.7	0.000
	19	1	7.7	0.400	58.7	0.000
	20	1	7.6	0.426	79.6	0.000
	21	1	7.6	0.378	94.6	0.000
	22	1	7.6	0.394	143.3	0.000
	23	1	7.5	0.433	57.8	0.000
	24	1	7.6	0.419	164.9	0.000
	25	1	7.6	0.549	44.0	0.000
	26	1	7.6	0.590	43.3	0.000
	27	1	7.6	0.547	27.4	0.000
	28	1	7.5	0.390	44.2	0.000
	29	1	7.3	0.395	44.8	0.000
	30	1	7.5	0.417	41.7	0.000
	31	1	7.4	0.425	23.7	0.000
AVERAGE:		1	7.5	0.433	60.3	0.000
TOTAL:		31	233.8	13.426	1868.9	0.000
MINIMUM:		1	7.3	0.256	19.7	0.000
MAXIMUM:		1	7.8	0.590	164.9	0.000


DISCHARGE MONITORING REPORT
DAILY MONITORING

MI0002160	008 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
96	07	01	96	07	31	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Stephen J. Bentley Technical Director
	TYPED OR PRINTED

OUTFALL 008A (2 OF 2)				
PAR #:	01042 1 0 1	01027 1 0 1	01051 1 0 1	80092 1 0 0
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	LEAD, TOTAL	DECHLOR REAGENT
LIMIT:	REPORT	REPORT	REPORT	REPORT
UNITS:	ug/L	ug/L	ug/L	LBS/DAY
DATE:	1			8.4
	2			7.8
	3			3.0
	4			7.8
	5			10.8
	6			10.3
	7			9.2
	8			9.9
	9			9.3
	10			8.5
	11			8.8
	12			8.8
	13			11.5
	14			10.1
	15			9.4
	16			8.3
	17			8.4
	18			8.2
	19			10.0
	20			7.8
	21			8.4
	22			9.0
	23	0	0.0	8.7
	24			11.3
	25			12.6
	26			11.5
	27			8.3
	28			8.4
	29			8.7
	30			9.0
	31			8.7
AVERAGE:	0.0	0.0	0.0	9.1
TOTAL:	0	0.0	0.0	280.7
MINIMUM:	0	0.0	0.0	3.0
MAXIMUM:	0	0.0	0.0	12.6

DISCHARGE MONITORING REPORT

DAILY MONITORING

MI0002160	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	07	01	96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

<i>Stephen J. Bentley</i>	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Stephen J. Bentley Technical Director
	TYPED OR PRINTED

OUTFALL 009A (1 OF 2)						
PAR #:	84130100	00400100	50050100	00665100	00665100	50060100
PARAMETER:	VISUAL	pH	FLOW	TOTAL P	TOTAL P	TRC
LIMIT:	REPORT	6.0-9.0	REPORT	1.0 MONTH AVE	67 MONTH AVE	0.75 DAILY MAX
UNITS:	1=YES 0=NO	S.U.	MGD	MG/L	LBS/DAY	MG/L
DATE:	1	1	7.3	4.98		0.00
	2	1	7.3	5.73	0.66	32
	3	1	7.2	5.44		0.00
	4	1	7.2	4.98		0.00
	5	1	7.3	4.92		0.00
	6	1	7.2	5.08		0.00
	7	1	7.2	5.21		0.00
	8	1	7.3	5.29		0.00
	9	1	7.4	5.58	0.07	3
	10	1	7.3	5.41		0.00
	11	1	7.1	5.04		0.00
	12	1	7.2	5.29		0.00
	13	1	7.1	5.09		0.00
	14	1	7.1	4.70		0.00
	15	1	7.2	5.46		0.00
	16	1	7.3	5.73		0.00
	17	1	7.4	5.73	0.29	14
	18	1	7.4	5.64		0.00
	19	1	7.5	5.92		0.00
	20	1	7.5	5.52		0.00
	21	1	7.4	5.38		0.00
	22	1	7.5	4.84		0.00
	23	1	7.5	5.00	0.24	10
	24	1	7.4	5.56		0.00
	25	1	7.4	5.48		0.00
	26	1	7.4	5.52		0.00
	27	1	7.2	5.72		0.00
	28	1	7.2	5.13		0.00
	29	1	7.2	5.70		0.00
	30	1	7.1	5.73	0.21	10
	31	1	7.0	5.74		0.00
AVERAGE:	1	7.3	5.37	0.29	14	0.00
TOTAL:	31	225.7	166.54	1.47	69	0.00
MINIMUM:	1	7.0	4.70	0.07	3	0.00
MAXIMUM:	1	7.5	5.92	0.66	32	0.00

DISCHARGE MONITORING REPORT
DAILY MONITORING

MI0002160	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
96	07	01	96	07	31	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

<i>Stephen J. Bentley</i>	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Stephen J. Bentley Technical Director
	TYPED OR PRINTED

OUTFALL 009A (2 OF 2)

PAR #:	01042101	01027101	61406R00	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	TOXICITY	DECHLOR. REAGENT
LIMIT:	REPORT	REPORT	1.0 DAILY MAX	REPORT
UNITS:	ug/L	ug/L	T.U.	LBS/DAY

DATE:	1				105.7
	2				105.7
	3				74.0
	4				105.7
	5				85.0
	6				79.2
	7				79.2
	8				79.2
	9				180.0
	10				190.2
	11				194.0
	12				194.5
	13				209.9
	14				193.9
	15				184.8
	16			0.00	172.6
	17				182.1
	18				165.0
	19				156.7
	20				203.1
	21				208.6
	22				209.5
	23	3	0		213.1
	24				222.9
	25				164.7
	26				176.8
	27				180.3
	28				177.4
	29				170.7
	30				170.7
	31				175.1
AVERAGE:		3	0	0.06	162
TOTAL:		3	0	0.00	5010.1
MINIMUM:		3	0	0.00	74.0
MAXIMUM:		3	0	0.00	222.9

DISCHARGE MONITORING REPORT DAILY MONITORING

MI0002160

PERMIT NUMBER

009B

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	07	01

TO

YEAR	MO	DAY
96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

CITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Stephen J. Bentley
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen J. Bentley
Technical Director

TYPED OR PRINTED

OUTFALL 009B (1 OF 1)

PAR #:	50050 P 0 0	00310 Q 0 0	00530 Q 0 0	00145 P 0 0
PARAMETER:	FLOW	BOD, 5-DAY	TSS	TOTAL
LIMIT:	REPORT	6954	6207	PRODUCTION
UNITS:	MGD	LBS/DAY	LBS/DAY	TPD
DATE:	3.77	1195	189	337.8
2	3.37	984	157	310.1
3	3.29	960	263	279.6
4	4.10	1200	219	290.8
5	3.90	1324	247	321.9
6	4.01	2184	254	279.7
7	4.21	1685	393	351.1
8	3.66	1190	342	343.9
9	3.86	2608	348	329.7
10	3.50	919	298	225.5
11	3.16	509	169	253.2
12	4.01	1635	241	301.5
13	4.07	1633	278	351.7
14	3.55	1169	308	353.0
15	3.60	621	324	303.2
16	3.87	1843	3641	300.6
17	3.88	1773	246	307.1
18	4.48	1659	224	285.7
19	4.09	1003	450	275.3
20	3.84	1419	263	275.2
21	3.73	915	137	373.3
22	3.60	1877	276	352.9
23	3.55	1504	261	333.7
24	3.79	1821	2187	323.5
25	3.81	1080	197	309.0
26	4.42	704	251	295.4
27	4.08	2215	231	282.9
28	3.83	808	268	320.5
29	3.80	1623	532	285.6
30	3.68	994	196	284.8
31	3.65	910	524	253.4
AVERAGE:	3.81	1354	449	SEE ATTACHED *
TOTAL:	118.16	41965	13915	9491.6
MINIMUM:	3.16	509	137	225.5
MAXIMUM:	4.48	2608	3641	373.3

DISCHARGE MONITORING REPORT

DAILY MONITORING

MI0002160

PERMIT NUMBER

009B

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	07	01

TO

YEAR	MO	DAY
96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

FACILITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen J. Bentley
Technical Director

TYPED OR PRINTED

Jul-96	NO. 5 PM		NO. 6 PM		NO. 7 PM		NO. 8 PM		TOTAL
	TPD	HRS	TPD	HRS	TPD	HRS	TPD	HRS	TPD
1	43.32	22.97	61.93	22.42	113.24	20.11	119.27	23.82	337.75
2	8.44	4.75	67.87	23.17	106.50	22.55	127.32	23.35	310.12
3	40.59	23.95	55.87	21.00	59.68	17.85	123.41	23.57	279.55
4	39.26	23.03	64.21	24.00	75.26	22.90	112.05	22.98	290.79
5	38.29	23.12	68.03	23.43	71.39	22.47	144.21	23.36	321.91
6	38.49	22.98	70.31	23.38	89.05	23.30	81.85	14.32	279.71
7	39.97	23.47	58.49	23.01	106.63	22.59	146.05	24.00	351.13
8	37.89	23.22	47.12	20.42	126.27	23.04	132.58	21.82	343.87
9	39.41	19.90	56.83	24.00	86.61	17.51	146.89	23.75	329.74
10	40.09	22.63	59.57	23.67	37.66	8.25	88.21	20.51	225.54
11	36.97	22.85	73.20	23.58	108.01	23.34	35.06	7.63	253.23
12	40.81	23.50	68.20	23.28	88.05	22.65	104.48	23.85	301.53
13	35.64	22.99	63.99	24.00	142.21	24.00	109.88	23.32	351.72
14	40.75	22.67	67.58	24.00	140.49	23.25	104.16	23.00	352.97
15	23.18	11.95	63.54	23.34	140.89	23.56	75.62	15.57	303.24
16	44.50	23.87	49.82	20.72	61.46	12.55	144.76	20.97	300.55
17	39.94	22.85	0.00	0.00	134.50	23.04	132.67	22.39	307.11
18	45.89	22.82	35.98	13.97	76.73	21.66	127.13	23.73	285.74
19	44.13	21.16	62.66	23.42	57.36	16.33	111.15	22.10	275.30
20	53.47	24.00	54.87	22.58	85.62	21.65	81.25	20.56	275.21
21	52.63	23.63	60.37	20.75	94.74	20.76	165.52	23.85	373.27
22	27.62	18.87	77.25	23.33	102.43	22.55	145.55	23.55	352.85
23	34.49	23.68	67.76	23.77	115.73	21.34	115.68	18.82	333.67
24	32.58	22.71	74.80	24.00	139.09	22.42	77.06	21.48	323.53
25	32.99	23.85	71.47	24.00	120.30	23.13	84.20	22.28	308.96
26	37.51	23.61	45.52	15.93	129.20	22.30	83.13	19.04	295.36
27	35.83	22.96	74.18	23.37	129.95	21.48	42.96	13.38	282.92
28	30.90	19.17	66.42	21.94	118.16	22.94	104.99	24.00	320.48
29	38.72	23.95	70.72	24.00	56.49	19.20	119.70	24.00	285.64
30	36.50	23.37	67.05	24.00	71.95	22.51	109.25	22.73	284.75
31	36.82	23.45	69.30	24.00	67.38	22.26	79.95	14.85	253.44
TOTAL	1167.61	677.93	1894.92	676.48	3053.05	653.49	3375.98	652.58	9491.57
PRODUCTION DAYS	28.2		28.2		27.2		27.2		
AVERAGE TPD	41.34		67.23		112.13		124.16		344.85

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DISCHARGE MONITORING REPORT

DAILY MONITORING

MI0002160

PERMIT NUMBER

009C

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	07	01

TO

YEAR	MO	DAY
96	07	31

PERMITTEE NAME/ADDRESS (Include Facility
Name/Location if different)

NAME E. B. Eddy Paper, Inc.


ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

FACILITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Stephen J. Bentley Technical Director TYPED OR PRINTED

OUTFALL 009C (1 OF 1)

PAR #:	50050 P 0 0	00310 R 0 0	00530 R 0 0	00145 P 0 0	
PARAMETER:	FLOW	BOD, 5-DAY	TSS	TOTAL	
LIMIT:	REPORT	2531	3863	PRODUCTION	
UNITS:	MGD	LBS/DAY	LBS/DAY	TPD	
DATE:	1	1.21	17	61	44.6
	2	2.36	116	118	255.8
	3	2.15	403	301	191.5
	4	0.88	94	117	0.0
	5	1.02	136	145	0.0
	6	1.07	32	54	0.0
	7	1.01	25	101	0.0
	8	1.63	32	88	105.8
	9	1.72	201	252	185.9
	10	1.91	381	217	253.8
	11	1.88	230	326	192.6
	12	1.28	226	286	19.5
	13	1.02	104	133	27.0
	14	1.15	98	104	16.3
	15	1.86	202	236	239.8
	16	1.87	499	200	227.0
	17	1.76	458	434	196.8
	18	1.44	365	240	120.3
	19	1.43	515	775	108.6
	20	1.54	303	334	0.0
	21	1.11	133	22	0.0
	22	1.40	177	444	142.2
	23	2.01	350	235	255.5
	24	1.69	388	259	109.8
	25	1.71	378	251	199.6
	26	1.30	208	173	27.4
	27	1.05	151	96	0.0
	28	1.87	181	106	147.3
	29	1.93	328	451	213.7
	30	2.06	694	474	200.9
	31	2.17	711	188	220.0
AVERAGE:	1.56	263	233	**SEE ATTACHED**	
TOTAL:	48.49	8139	7222	3701.6	
MINIMUM:	0.88	17	22	0.0	
MAXIMUM:	2.36	711	775	255.8	

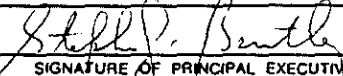
DISCHARGE MONITORING REPORT
DAILY MONITORING

MI0002160	009C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
96	07	01	96	07	31	

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)
 NAME E. B. Eddy Paper, Inc.
 ADDRESS 1700 Washington Ave.
Port Huron, MI 48060
 FACILITY _____
 LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Stephen J. Bentley Technical Director
	TYPED OR PRINTED

DEINK PULP MILL GROSS PRODUCTION AND PRODUCTION HOURS (OUTFALL 009C):

Jul-96	TPD	HRS
1	44.59	7.00
2	255.78	23.30
3	191.53	15.40
4	0.00	0.00
5	0.00	0.00
6	0.00	0.00
7	0.00	0.00
8	105.80	17.50
9	185.85	21.40
10	253.79	22.40
11	192.60	17.10
12	19.47	0.00
13	27.05	0.00
14	16.26	8.20
15	239.77	24.00
16	227.03	24.00
17	196.79	21.00
18	120.31	10.50
19	108.56	6.20
20	0.00	0.01
21	0.00	2.00
22	142.17	19.40
23	255.51	24.00
24	109.78	9.50
25	199.58	19.50
26	27.44	19.60
27	0.00	1.70
28	147.32	24.00
29	213.68	24.00
30	200.95	24.00
31	219.99	24.00
TOTAL	3701.58	409.71
PRODUCTION DAYS		17.1
AVERAGE TPD		216.83

Attachment L
NPDES Discharge Monitoring requirements Update - June - July 1996



E. B. EDDY PAPER, INC.

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

August 19, 1996

Ms. Patricia Brandt, PCS Coordinator
MDEQ- Surface Water Quality Division
P.O. Box 30273
Lansing MI 48909-7773

Dear Ms. Brandt:

Enclosed you will find a update of the E.B. Eddy Paper, Inc. NPDES Discharge Monitoring Report (DMR) for the months of June and July 1996. Our contracted lab had equipment problems and was unable to perform metal analyses until this month. Therefore we are submitting the updated DMRs at this time.

The information updated include:

Outfall 008A: Total Copper, Total Cadmium, Total Lead

Outfall 009A: Total Copper, Total Cadmium

Please do not hesitate to call me if there are any problems.

Sincerely,

Christine J. Lupu
Environmental Engineer

cc: S. Bentley

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME EB EDDY PAPER INC
ADDRESS PO BOX 5003
PORT HURON MI 48060
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
M10002160 008A
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
96 06 01 96 06 01
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

outfall 008 To Black River
(SUBR DD)
F-FINAL
MAJOR
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cadmium, Total (AS CD) 01027 101 Effluent Gross Value	SAMPLE MEASUREMENT					0.1	0.3	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report Daily Max	UG/L			
Copper, Total (AS CU) 01042 101 Effluent Gross Value	SAMPLE MEASUREMENT					4.8	24	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report Daily Max	UG/L			
Lead, Total (AS PB) 01051 101 Effluent Gross Value	SAMPLE MEASUREMENT					3.7	15	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report Daily Max	UG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christine J. Lupu Environmental Engineer TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Christine J. Lupu	TELEPHONE		DATE		
			810	982-0191	96	08	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Contracted Lab had equipment problems in June. Did not receive data until August.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ES EDDY PAPER INC
ADDRESS PO Box 5003
PORT HURON MI 48060
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(12-16) MI 0002160
PERMIT NUMBER
(17-19) 009A
DISCHARGE NUMBER

OUTFALL 009 TO ST CLAIR RIVER
(SUBR DD) 12345
F-FINAL
MAJOR

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
96 06 01 96 06 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Cadmium Total (ASCD) 01027 10 1 Effluent Gross Value	SAMPLE MEASUREMENT				0.14	0.14	0.28	(28)	0	Weekly* Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVE	Report Daily MX	UG/L		
Copper Total (ASCD) 01042 10 1 Effluent Gross Value	SAMPLE MEASUREMENT					17	29	(28)	0	Weekly* Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVE	Report Daily MX	UG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christine J. Lupu Environmental Engineer	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Christine J. Lupu	TELEPHONE 810 882-0191	DATE 96 08 19		
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Contracted Lab had equipment problems in June. Did not receive data until August.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME E. B. Eddy PAPER, Inc
ADDRESS P.O. Box 5003
PORT HURON MI 48060
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
MI 0002160 008A
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
96 07 01 96 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Outfall 008 10 Black River
(SUBPDD) 12345
F - FINAL
MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cadmium, Total (As Cd) 01027 101 Effluent Gross Value	SAMPLE MEASUREMENT					0.02	0.10	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report Daily Max	UG/L			
Copper, Total (As Cu) 01042 101 Effluent Gross Value	SAMPLE MEASUREMENT					22.5	56	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report 30 DA AVG	UG/L			
Lead, Total (As Pb) 01051 101 Effluent Gross Value	SAMPLE MEASUREMENT					1.1	2.8	(28)	0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report 30 DA AVG	UG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christine J. Lupu Environmental Engineer	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Christine J. Lupu	TELEPHONE 810 982-0191	DATE 96 08 19		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Contracted Lab had equipment problems in June + July. Did not receive data until August,

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME E. B. EDDY PAPER, INC.
ADDRESS P.O. BOX 5003
PORT HURON MI 48060
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
MI 000 216 0 009A
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
96 07 01 96 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Outfall 009 To St. Clair River
(Subr 00) 12345
F- Final
Major

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Cadmium, Total (As Cd) 01027 101 Effluent Gross Value	SAMPLE MEASUREMENT					0.2	0.3	(28)			0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVE	Report Daily Mx	U6/L					
Copper Total (As Cu) 01042 101 Effluent Gross Value	SAMPLE MEASUREMENT					51	140	(28)			0	Weekly*	Comp 24
	PERMIT REQUIREMENT					Report 30 DA AVG	Report Daily Mx	U6/L					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christine J. Lupu Environmental Engineer TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Christine J. Lupu	TELEPHONE 810 982-0191	DATE 96 08 19
---	--	---	---------------------------	------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Contracted Lab had equipment problems in June + July. Did not receive data until August,

DISCHARGE MONITORING REPORT DAILY MONITORING

MI0002160

PERMIT NUMBER

009A

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	06	01

TO

YEAR	MO	DAY
96	06	30

PERMITTEE NAME/ADDRESS (Include Facility

Name/Location if different)

NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

FACILITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Christine J. Lupa

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Christine J. Lupa
Environmental Engineer

TYPED OR PRINTED

OUTFALL 009A (2 OF 2)

PAR #:	01042101	01027101	61406R00	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	TOXICITY	DECHLOR. REAGENT
LIMIT:	REPORT	REPORT	1.0 DAILY MAX	REPORT
UNITS:	ug/L	ug/L	T.U.	LBS/DAY
DATE:	1			259.0
	2			272.8
	3			287.8
	4	29	0.00	291.8
	5			294.3
	6			288.1
	7			298.1
	8			298.1
	9			293.1
	10			297.2
	11			282.5
	12	28	0.28	282.5
	13			273.1
	14			250.6
	15			256.8
	16			267.1
	17			261.8
	18			251.8
	19	0	0.00	254.0
	20			281.8
	21			297.5
	22			297.2
	23			242.4
	24			239.6
	25			283.1
	26	0	0.20	302.2
	27			317.5
	28			330.5
	29			330.5
	30			330.5
19(extra)	26	0.20		
AVERAGE:	17	0.14	0.00	283.77
TOTAL:	83	0.68	0.00	8513.2
MINIMUM:	0	0.00	0.00	239.6
MAXIMUM:	29	0.28	0.00	330.5

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DISCHARGE MONITORING REPORT

DAILY MONITORING

MI0002160

PERMIT NUMBER

008A

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	06	01

TO

YEAR	MO	DAY
96	06	30

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

FACILITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Christine J. Lupo
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Christine J. Lupo
Environmental Engineer
TYPED OR PRINTED

OUTFALL 008A (2 OF 2)

PAR #:	01042101	01027101	01051101	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	LEAD, TOTAL	DECHLOR. REAGEN
LIMIT:	REPORT	REPORT	REPORT	REPORT
UNITS:	ug/L	ug/L	ug/L	LBS/DAY
DATE:	1			25.3
	2			27.5
	3			22.8
	4	0	0.0	23.5
	5			25.0
	6			27.8
	7			24.1
	8			25.6
	9			28.2
	10			34.4
	11			36.0
	12	0	0.0	41.0
	13			43.8
	14			44.4
	15			43.5
	16			39.1
	17			36.6
	18			35.7
	19	0	0.0	36.0
	20			39.7
	21			43.2
	22			34.4
	23			22.5
	24			28.5
	25			40.0
	26	24	0.1	34.1
	27		1.8	26.6
	28			26.6
	29			30.0
	30			30.7
19(extra)	0	0.3	15.0	
AVERAGE:	4.8	0.1	3.7	32.6
TOTAL:	24	0.4	18.4	976.5
MINIMUM:	0	0.0	0.0	22.5
MAXIMUM:	24	0.3	15.0	44.4

DISCHARGE MONITORING REPORT DAILY MONITORING

MI0002160

PERMIT NUMBER

008A

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
96	07	01

TO

YEAR	MO	DAY
96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.

Port Huron, MI 48060

FACILITY

LOCATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Christine J. Lupu

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Christine J. Lupu
Environmental Engineer

TYPED OR PRINTED

OUTFALL 008A (2 OF 2)

PAR #:	01042101	01027101	01051101	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	LEAD, TOTAL	DECHLOR. REAGE
LIMIT:	REPORT	REPORT	REPORT	REPORT
UNITS:	ug/L	ug/L	ug/L	LBS/DAY
DATE:				
1				8.4
2		17	0.0	7.8
3				3.0
4				7.8
5				10.8
6				10.3
7				9.2
8				9.9
9	56	0.0	0.0	9.3
10				8.5
11				8.8
12				8.8
13				11.5
14				10.1
15				9.4
16				8.3
17	11	0.1	1.5	8.4
18				8.2
19				10.0
20				7.8
21				8.4
22				9.0
23	0	0.0	0.0	8.7
24				11.3
25				12.6
26				11.5
27				8.3
28				8.4
29				8.7
30	12	0.0	2.8	9.0
31				8.7
23(extra)	39	0.0	1.3	
AVERAGE:	22.5	0.02	1.1	9.1
TOTAL:	135	0.10	6.8	280.7
MINIMUM:	0	0.00	0.0	3.0
MAXIMUM:	56	0.10	2.8	12.6

DISCHARGE MONITORING REPORT DAILY MONITORING

MI0002160	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	07	01		96	07	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

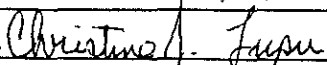
NAME E. B. Eddy Paper, Inc.

ADDRESS 1700 Washington Ave.
Port Huron, MI 48060

FACILITY _____

LOCATION _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>Christine S. Lupu</u> <u>Environmental Engineer</u> TYPED OR PRINTED
---	---

OUTFALL 009A (2 OF 2)				
PAR #:	01042101	01027101	61406R00	80092100
PARAMETER:	COPPER, TOTAL	CADMIUM, TOTAL	TOXICITY	DECHLOR. REAGENT
LIMIT:	REPORT	REPORT	1.0 DAILY MAX	REPORT
UNITS:	ug/L	ug/L	T.U.	LBS/DAY
DATE:	1			105.7
	2	43	0	105.7
	3			74.0
	4			105.7
	5			85.0
	6			79.2
	7			79.2
	8			79.2
	9	39	0	180.0
	10			190.2
	11			194.0
	12			194.5
	13			209.9
	14			193.9
	15			184.8
	16		0.00	172.6
	17	140	0	182.1
	18			165.0
	19			156.7
	20			203.1
	21			208.6
	22			209.5
	23	3	0	213.1
	24			222.9
	25			164.7
	26			176.8
	27			180.3
	28			177.4
	29			170.7
	30	51	0	170.7
	31			175.1
23(extra)	31	0.10		
AVERAGE:	51	0.2	0	162
TOTAL:	307	1.0	0.00	5010.1
MINIMUM:	3	0.0	0.00	74.0
MAXIMUM:	140	0.3	0.00	222.9

Attachment M
NPDES Permit September 21, 1993

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF NATURAL RESOURCES

Stevens T. Mason Building, P.O. Box 30028, Lansing, MI 48909

ROLAND HARMES, Director

NATURAL RESOURCES
COMMISSION

JERRY C. BARTNIK
JERRY DEVUYST
H. EISELE
JAMES HILL
DAVID HOLLI
JOEY M. SPANO
JORDAN B. TATTER

September 21, 1993

CERTIFIED MAIL

E. B. Eddy Paper, Inc.
P. O. Box 5003
Port Huron, Michigan 48061-5003

Gentlemen:

SUBJECT: NPDES Permit No. MI0002160

Your National Pollutant Discharge Elimination System (NPDES) Permit has been processed in accordance with appropriate state and federal regulations. It contains the requirements necessary for you to comply with state and federal water pollution control laws.

REVIEW THE PERMIT EFFLUENT LIMITS AND COMPLIANCE SCHEDULES CAREFULLY. These are subject to the criminal and civil enforcement provisions of both state and federal law. Permit violations are audited by the Michigan Department of Natural Resources and the United States Environmental Protection Agency and may appear in a published quarterly noncompliance report made available to agencies and the public.

Your monitoring and reporting responsibilities must be complied with in accordance with this permit. If applicable, Discharge Monitoring Report forms will be transmitted to you in the near future. These reports are to be submitted monthly or otherwise as required by your NPDES permit.

Any reports, notifications, or questions regarding the attached permit or NPDES program should be directed to the following address:

Roy Schrameck, District Supervisor
Detroit Area District Office
38980 Seven Mile Road
Livonia, Michigan 48152
Telephone: (313) 953-0241

Rec'd.
22 SEP 93
[Signature]

E. B. Eddy Paper, Inc.
Page 2
September 21, 1993

NOTE: All references within this permit made to the Water Quality Division or Chief of the Water Quality Division are to refer to the Surface Water Quality Division or Chief of the Surface Water Quality Division, respectively.

Sincerely,

William E. McCracken

William E. McCracken, P.E.
Chief, Permits Section
Surface Water Quality Division
517-373-8088

Enclosure: Permit

cc: EPA-Region V (2)
208 Agency - Southeast Michigan Council of Governments
Planning and Special Programs Section, SWQD
Mr. Roy Schrameck - Detroit District, SWQD (2)
Mr. Paul Blakeslee, Regional Supervisor, Region III, SWQD
Data Entry, SWQD
Files

MICHIGAN WATER RESOURCES COMMISSION
AUTHORIZATION TO DISCHARGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq; the "Act"), and the Michigan Water Resources Commission Act, as amended, (Act 245, Public Acts of 1929, as amended, the "Michigan Act"),

E. B. Eddy Paper, Inc.
P. O. Box 5003
Port Huron, Michigan 48061-5003

is authorized to discharge from a facility located at

1700 Washington Avenue
Port Huron, Michigan 48060

designated as E B Eddy Paper Inc


to the receiving water named the St. Clair River and the Black River in accordance with effluent limitations, monitoring requirements and other conditions set forth in this permit.

This permit takes effect on December 1, 1993. Any person who feels aggrieved by this permit may file a sworn petition with the Executive Secretary of the Michigan Water Resources Commission, setting forth the conditions of the permit which are being challenged and specifying the grounds for the challenge. The Commission may reject any petition filed more than 60 days after issuance as being untimely. Upon granting of a contested case to the applicant, the Commission shall review the permit to determine which contested term shall be stayed until the Commission takes its final action. If a contested condition is a requirement placed on wastewater covered by a new or increased discharge authorization, such increased discharge authorization shall be stayed until the Commission takes final action. All other conditions of the permit remain in full effect. If the contested condition is a modification of a previous permit condition and the Commission determines the contested condition shall be stayed, then such previous condition remains in effect until the Commission takes final action. During the course of any administrative proceeding brought by a person other than the applicant, the conditions of this permit will remain in effect, unless the Commission determines otherwise.

This permit and the authorization to discharge shall expire at midnight October 1, 1998. In order to receive authorization to discharge beyond the date of expiration, the permittee shall submit such information and forms as are required by the Michigan Water Resources Commission to the Permits Section of the Surface Water Quality Division no later than 180 days prior to the date of expiration.

This permit is based on an application submitted on December 30, 1992 as amended through July 9, 1993. On its effective date this permit shall supersede NPDES Permit No. MI0002160, expiring June 30, 1993.

Issued this 19th day of August, 1993, by the Michigan Water Resources Commission.


William E. McCracken
Executive Secretary

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. Final Effluent Limitations, Outfall 008

During the period beginning upon the effective date of this permit and lasting until the expiration date of this permit, the permittee is authorized to discharge a maximum of one million six hundred thousand (1,600,000) gallons per day of noncontact cooling water and filter backwash water from outfall 008 to the Black River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations				Monitoring Requirements	
	lbs/day		Other Limitations		Measurement Frequency	Sample Type
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum		
Flow (MGD)	(report)	(report)			Daily	Report Total Daily Flow
Total Suspended Solids						
May 1 - Oct 31	123	435			Daily	24 Hr Composite
Nov 1 - Apr 30	195	880			Daily	24 Hr Composite
Total Cadmium						
Until May 31, 1997			(report)	(report)	Weekly	24 Hr Compos
From Jun 1, 1997	0.01		0.9 ug/l		Weekly	24 Hr Compos
Total Copper						
Until May 31, 1997			(report)	(report)	Weekly	24 Hr Composite
From Jun 1, 1997	0.29		22 ug/l	49 ug/l	Weekly	24 Hr Composite
Total Lead						
Until May 31, 1997			(report)	(report)	Weekly	24 Hr Composite
From Jun 1, 1997	0.08		5.6 ug/l		Weekly	24 Hr Composite
Total Residual Chlorine				36 ug/l	Daily	Grab
Outfall Observation (report)					Daily	Visual
			<u>Daily Minimum</u>	<u>Daily Maximum</u>		
pH (Standard Units)			6.5	9.0	Daily	Grab

a. The receiving stream shall contain no unnatural turbidity, color, oil film, floating solids, foams, settleable solids, or deposits, in quantities which are or may become injurious to any designated use, as a result of this discharge.

b. Samples, measurements, and observations taken in compliance with the monitoring requirements above shall be taken prior to discharge to the Black River.

(continued)

PART I

Section A.1. (continued)

- c. Any unusual characteristics of the discharge (i.e., unnatural turbidity, color, oil film, floating solids, foams, settleable solids, or deposits, in quantities which are or may become injurious to any designated use) shall be reported immediately to the Detroit District Supervisor of the Surface Water Quality Division followed with a written report within 5 days detailing the findings of the investigation and the steps taken to correct the condition.
- d. In the event the permittee shall require the discharge of water treatment additives in addition to any previously approved by the Detroit District Supervisor of the Surface Water Quality Division, the permittee shall notify the Detroit District Supervisor. Written approval from the Detroit District Supervisor to discharge such additives at specified levels shall be obtained prior to discharge by the permittee. The permit may be modified in accordance with the requirements of Part II.B.4. if a constituent of the additive or additives requires limiting.
- e. The term noncontact cooling water shall mean water used for cooling which does not come into direct contact with any raw material, intermediate product, by-product, waste product, or finished product.
- f. U.S. EPA approved analytical methods shall be used for all parameters.
- g. Total residual chlorine (TRC) shall be analyzed using U.S. EPA Method 330.1 or the Orion Electrode Model 97-70. The permittee may use dechlorination techniques to achieve the applicable limitations using Kedchem 5700 or other dechlorinating reagents approved by the Detroit District Supervisor of the Surface Water Quality Division as dechlorinating reagents. The permittee shall report monthly, on the Discharge Monitoring Reports, the quantity of each dechlorinating reagent used per day.
- i. The permittee may demonstrate to the Michigan Water Resources Commission that less restrictive limits for total cadmium, total copper and total lead than contained in the permit would meet Water Quality Standards based on a rationale(s) which would be included in such a demonstration. The permittee shall notify the Detroit District Supervisor of the Surface Water Quality Division if a demonstration would be attempted. The effective date of the limits shall not be stayed pending the demonstration attempt. The permit may be modified after public notice and Commission approval of the recommended permit modification in accordance with the requirements of Part II.B.4.

PART I

Section A.1. (continued)

c. Any unusual characteristics of the discharge (i.e., unnatural turbidity, color, oil film, floating solids, foams, settleable solids, or deposits, in quantities which are or may become injurious to any designated use) shall be reported immediately to the Detroit District Supervisor of the Surface Water Quality Division followed with a written report within 5 days detailing the findings of the investigation and the steps taken to correct the condition.

d. In the event the permittee shall require the discharge of water treatment additives in addition to any previously approved by the Detroit District Supervisor of the Surface Water Quality Division, the permittee shall notify the Detroit District Supervisor. Written approval from the Detroit District Supervisor to discharge such additives at specified levels shall be obtained prior to discharge by the permittee. The permit may be modified in accordance with the requirements of Part II.B.4. if a constituent of the additive or additives requires limiting.

e. The term noncontact cooling water shall mean water used for cooling which does not come into direct contact with any raw material, intermediate product, by-product, waste product, or finished product.

f. U.S. EPA approved analytical methods shall be used for all parameters.

g. Total residual chlorine (TRC) shall be analyzed using U.S. EPA Method 330.1 or the Orion Electrode Model 97-70. The permittee may use dechlorination techniques to achieve the applicable limitations using Kedchem 5700 or other dechlorinating reagents approved by the Detroit District Supervisor of the Surface Water Quality Division as dechlorinating reagents. The permittee shall report monthly, on the Discharge Monitoring Reports, the quantity of each dechlorinating reagent used per day.

i. The permittee may demonstrate to the Michigan Water Resources Commission that less restrictive limits for total cadmium, total copper and total lead than contained in the permit would meet Water Quality Standards based on a rationale(s) which would be included in such a demonstration. The permittee shall notify the Detroit District Supervisor of the Surface Water Quality Division if a demonstration would be attempted. The effective date of the limits shall not be stayed pending the demonstration attempt. The permit may be modified after public notice and Commission approval of the recommended permit modification in accordance with the requirements of Part II.B.4.

PART I

Section A.

3. Final Effluent Limitations, Outfall 009C
(New Deinking Facility)

During the period beginning upon the commencement of discharge from the deinking facility and lasting until the expiration date of this permit, the permittee is authorized to discharge a maximum of four million (4,000,000) gallons per day of treated process wastewater from the new mill from outfall 009C through outfall 009 to the St. Clair River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations lbs/day		Other Limitations		Monitoring Requirements	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum	Measurement Frequency	Sample Type
Flow (MGD)	(report)	(report)			Daily	Report Total Daily Flow
<u>TIER 1 - Production Rate Of 178 Tons/Day Or Less</u>						
BOD ₅	1104	2029			Daily	24 Hr Composite
Total Suspended Solids	1638	3097			Daily	24 Hr Composite
<u>TIER 2 - Production Rate Between 179 And 222 Tons/Day</u>						
BOD ₅	1376	2531			Daily	24 Hr Composite
Total Suspended Solids	2042	3863			Daily	24 Hr Composite
<u>TIER 3 - Production Rate Between 223 And 250 Tons/Day</u>						
BOD ₅	1550	2850			Daily	24 Hr Composite
Total Suspended Solids	2300	4350			Daily	24 Hr Composite

a. Samples, measurements, and observations taken in compliance with the monitoring requirements above shall be taken prior to mixing with other wastestreams.

b. The production rate shall be determined as specified in Part I.A.10., Page 10 of 20.

c. The permittee shall report the mass of BOD₅ and Total Suspended Solids discharged under the appropriate tier set of limits, depending upon the production rate and indicate zero (0) flow on the discharge monitoring reports not used.

PART I

Section A.

4. Final Effluent Limitations, Outfall 009

During the period beginning upon the effective date of this permit and lasting until the expiration date of this permit, the permittee is authorized to discharge a maximum of eight million (8,000,000) gallons per day of treated process wastewater, power plant wastewater, and noncontact cooling water and an unspecified amount of storm water runoff from outfall 009 to the St. Clair River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations				Monitoring Requirements	
	lbs/day		Other Limitations		Measurement Frequency	Sample Type
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum		
Flow (MGD)	(report)	(report)			Daily	Report Total Daily Flow
Total Residual Chlorine				0.75 mg/l	Daily	Grab
Total Phosphorus	67		1.0 mg/l		Weekly	24 Hr Composite
Acute Toxicity						
Until Dec 31, 1993				(report)	Quarterly	24 Hr Compos
From Jan 1, 1994				1.0 TU _A	Monthly	24 Hr Composite
Total Cadmium						
Until May 31, 1997			(report)	(report)	Weekly	24 Hr Composite
From Jun 1, 1997				21 ug/l	Weekly	24 Hr Composite
Total Copper						
Until May 31, 1997			(report)	(report)	Weekly	24 Hr Composite
From Jun 1, 1997				43 ug/l	Weekly	24 Hr Composite
Outfall Observation (report)					Daily	Visual
			Daily Minimum	Daily Maximum		
pH (Standard Units)			6.0	9.0	Daily	Grab

a. The receiving stream shall contain no unnatural turbidity, color, oil film, floating solids, foams, settleable solids, or deposits, in quantities which are or may become injurious to any designated use, as a result of this discharge.

b. Samples, measurements, and observations taken in compliance with the monitoring requirements above shall be taken prior to discharge to the St. Clair River.

(continued)

Attachment N

Release Notification From Wastewater Treatment Plant - 3/22/96



E. B. EDDY PAPER, INC.

March 22, 1996

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

Mr. Roy Schrameck, District Supervisor
Surface Water Quality Division
Michigan Department of Environmental Quality
38980 Seven Mile Road
Livonia, MI 48152

Dear Mr. Schrameck:

On Wednesday, March 20, 1996 our Wastewater Treatment Plant experienced a power outage due to the winter storm that effected Southeastern Michigan. Consequently, our #1 and #2 lift stations and our effluent well overflowed to the Black River. A summary of each overflow is as follows:

Effluent Well Overflow to Black River
Treated Water
45 Minutes, (11:45 a.m. - 12:30 p.m.)
<54,000 gallons
5.6 pounds of solids

#2 Lift Station Overflow to Black River
Fresh Water
3 hrs 48 Minutes, (2:42 p.m. - 6:30 p.m.)
<2300 gallons
0.2 pounds of solids

#1 Lift Station Overflow to Black River
Process Water
50 Minutes, (6:30 p.m. - 7:20 p.m.)
<500 gallons
Proper sample not taken during rush to divert flow.

Process Water to Storm Sewer to Black River
Overflow of Sludge Blend Tank
Minimal Time
<50 gallons
Unable to take sample.

During the severe winter storm that was occurring, ice built up on an exterior electrical conduit at the waste water treatment plant. Water ran down the conduit and into an electrical cabinet, shorting out the buss bars on the switchgear supplying power to part of the waste treatment plant. Partial power was lost which rendered the effluent pumps inoperable. This occurred at 11:45 a.m.

Mr. Roy Schrameck - 2

The treatment plant operator immediately tried to restart the pumps and then called supervision who began to shut down the paper machines. The operator then diverted all mill flow to the Neutralization/Equalization Tank. The paper mill was completely shut down by noon, and Blue Water Fiber was also ordered to shut down. All incoming water feeds to the mill were shut down. The situation was investigated and it was determined that power needed to be isolated to fix the problem. The two lift stations were pumped to the lowest levels possible before power was disconnected to the waste treatment plant. A generator was ordered as a backup in the event power could not be restored. Repairs were made and full power was restored at 8:45 p.m..

During the downtime, we were unable to stop all the fresh water from leaving the mill. Personnel were reassigned to track leaks in the mill, and two pumps were ordered to pump out the lift stations. Because of the storm, the smaller of the two pumps arrived first. This pump reduced the amount of overflow from #2 Lift Station by pumping the flow to the City of Port Huron sanitary sewer system. Once the larger pump arrived, the smaller pump was brought to the #1 Lift Station and that flow was diverted also.

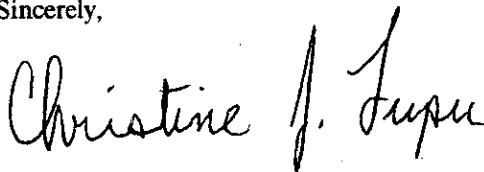
The computer control system was inoperable at the beginning of the power outage until small generators were brought in. Once power was restored we noticed that the Sludge Blend Tank level was high and a small amount had overflowed onto the ground. Dewatering of the spill occurred and a small amount of untreated water entered the Black River via a storm sewer.

Power was restored to the waste treatment plant at 8:45 p.m. and the WWTP was in full automatic operation by 9:00 p.m. The paper mill was allowed to begin sending limited quantities of water to the treatment plant at 9:45 p.m. and the paper machines began an orderly start up at 10:00 pm.

The short term corrective actions included fixing the switch, sealing the electrical enclosure, and erecting a temporary shanty. In order to prevent this problem from occurring in the future we will be protecting the switchgear from the weather by moving it inside the treatment plant building. This solution will be implemented before the end of the year.

Please feel free to contact me concerning this matter.

Sincerely,



Christine J. Tupa
Environmental Engineer

cc: A. R. Wagner
S. J. Bentley
D. A. Glass
C. R. Cook
J. Fein

Attachment O
Air Permit March 30, 1977

Stevens T. Mason Building, Lansing, Michigan 48926

Air Pollution Control

106-77

APPLICATION TO THE AIR POLLUTION CONTROL COMMISSION

for authority to construct, install or alter

and

for permit to operate process, fuel burning, refuse burning and/or air pollution control equipment

MAR 30 1977

1. PERMIT TO BE ISSUED TO: (Business License Name of Corporation, Partnership, Individual Owner, Governmental Agency)

Dartmouth Edison Company

2. MAILING ADDRESS: (Number, Street, City or Village, Zip Code)

2000 Second Avenue Detroit, Michigan 48226

3. EQUIPMENT OR PROCESS LOCATION: (Number, Street, City or Village, Township, Zip Code)

1765 Washington Avenue Port Huron, Michigan

4. TYPE OF ORGANIZATION:



Corporation



Partnership



Individual Owner



Governmental Agency

5. GENERAL NATURE OF BUSINESS:

Electric Utility

6. EQUIPMENT DESCRIPTION: Application is hereby made for permission to construct, install or alter and to operate the following equipment

Wahlco SO₂ flue gas conditioning system for No. 5 Boiler -
Port Huron Plant. (See Attachment A and Drawings)

7. ESTIMATED COST:

Air Pollution Control Equipment \$ 150,000 Total Project \$ 300,000

8. PRESENT STATUS OF EQUIPMENT: (Check and complete applicable items)

	Estimated Starting Date	Estimated Completion Date
() Construction or installation not started	May 1977	August 1977
() Construction or installation partly completed . . .		
() Construction completed		
() Equipment is to be altered		
() Equipment is partly altered		
() Equipment has been altered		
() Change of location and/or ownership		

9. NAME OF PRIOR OWNER AS IN (1) ABOVE, AND PRIOR AIR POLLUTION CONTROL PERMIT NUMBER, IF ANY:

(Name)

(Permit Number)

10. TYPE OR PRINT NAME AND TITLE OF OWNER OR AUTHORIZED MEMBER OF FIRM:

(Name)

(Title)

(Signature)

(Date)

(Phone No.)

11. DISPOSITION OF APPLICATION:

* Subject to compliance with all
Permit to install approved and issued on

AUG 03 1977

Permit to operate approved and issued on

AUG 17 1979

Signature

Signature

Regulated by the Michigan Department of Natural Resources

Detroit Edison Co.
Detroit, Michigan

FILE COPY

AUG 05 1977

GENERAL CONDITIONS

1. Applicant shall demonstrate compliance with all Commission rules and with all specific conditions of this permit prior to issuance of the Permit to Operate.
2. The restrictions and conditions of this Permit to Install shall apply to any person or legal entity which now or shall hereafter own or operate the facilities for which this Permit to Install is issued. The Applicant shall immediately notify the Commission of such change in ownership or principal operator status of this facility.
3. Act No. 53 - Applicant shall notify any public utility of any excavation, tunneling and discharging of explosives or demolition of buildings which may affect said utility's facilities in accordance with Act No. 53 of the Public Acts of 1974, being Sections 460.701 to 460.718 of the Michigan Compiled Laws and comply with each of the requirements of that Act.
4. Rule 21(4) - Trial operation of the equipment is permitted until the Commission acts upon the Permit to Operate.
5. Rule 29(2) - Not more than 30 days after completion of the installation, the Applicant shall apply, in writing, to the Commission for a Permit to Operate. Completion of the installation is deemed to occur not later than commencement of a trial operation pursuant to Rule 21(4). Written application should be sent to: Chief, Permit Unit, Air Quality Division, Department of Natural Resources, P.O. Box 30028, Lansing, Michigan 48909.
6. Rule 29(3b) - Operation of this facility shall not interfere with the attainment or maintenance of the air quality standard for any air contaminant.
7. Rule 29(3d) - Operation of this facility shall not result in substantial deterioration of air quality.
8. Rule 46 - Operation of this facility shall not result in the emission of an air contaminant which causes or will cause detriment to the safety, health, welfare or comfort of any person or which causes or will cause damage to property or business.
9. Rule 21 - Applicant shall not reconstruct, alter, modify, expand or relocate this facility unless plans, specifications and an application for a Permit to Install are submitted to and approved by the Commission.
10. Approval of this permit does not obviate the necessity of obtaining such permits or approvals from other units of government as required by law.
11. Notification of any malfunction of process or control equipment resulting in emissions in violation of the Commission rules or of any permit conditions should be made to the District Engineer. Such notice should be made as soon as possible but not later than 9:00 A.M. of the next working day. The notice shall include a program of corrective action and shall be confirmed in writing.

Detroit Edison Co.
Permit #106-77
Page 2

SPECIAL CONDITIONS

12. Rule 44 The particulate emission rate from the 150,000 pounds of steam per hour pulverized coal firing boiler shall not exceed 0.28 pounds per 1,000 pounds of exhaust gases, corrected to 50% excess air.
13. Visible emissions are limited to an opacity of less than or equal to 20% except as specified in Rule 336.41.
14. Prior to July 1, 1978, sulfur dioxide emissions shall not exceed 3.2 pounds per million BTU's of heat input. This is equivalent to using coal with a 2.0% sulfur content and a heat value of 12,000 BTU's per pound.
15. On and after July 1, 1978, sulfur dioxide emissions shall not exceed 2.4 pounds per million BTU's of heat input. This is equivalent to using coal with a 1.5% sulfur content and a heat value of 12,000 BTU's per pound.
16. Rules 51, 52 & 54 Verification of particulate emission rates by testing, at owner's expense, in accordance with Commission requirements may be required for operating approval. If a test is required, stack testing procedures and the location of stack testing ports must be approved, in writing, by the Commission or its authorized representative.

GLA:jv

FC #5

SUPPLEMENT TO PERMIT No. 106-77

The Detroit Edison Company
Detroit, Michigan

AUG 17 1979

GENERAL CONDITIONS

1. Approval of the Permit to Operate will remain in effect as long as compliance with Commission rules and with specific conditions of this permit is maintained.
2. The restrictions and conditions of this Permit to Operate shall apply to any person or legal entity which now or shall hereafter own or operate the facilities for which this Permit to Operate is issued. The Applicant shall immediately notify the Commission of such change in ownership or principal operator status of this facility.
3. Rule 29(3b) - Operation of this facility shall not interfere with the attainment or maintenance of the air quality standard for any air contaminant.
4. Rule 29(3d) - Operation of this facility shall not result in substantial deterioration of air quality.
5. Rule 46 - Operation of this facility shall not result in the emission of an air contaminant which causes or will cause detriment to the safety, health, welfare or comfort of any person or which causes or will cause damage to property or business.
6. Rule 21 - Applicant shall not reconstruct, alter, modify, expand or relocate this facility unless plans, specifications and an application for a Permit to Install are submitted to and approved by the Commission.
7. Approval of this permit does not obviate the necessity of obtaining such permits or approvals from other units of government as required by law.
8. Notification of any malfunction of process or control equipment resulting in emissions in violation of the Commission Rules or of any permit conditions should be made to the District Engineer. Such notice should be made as soon as possible but not later than 9:00 A.M. of the next working day. The notice shall include a program of corrective action and shall be confirmed in writing.

SPECIAL CONDITIONS

9. Rule 44 - The particulate emission rate from the 150,000 pounds of steam per hour pulverized coal firing boiler shall not exceed .28 pounds per 1,000 pounds of exhaust gases, corrected to 50% excess air.
10. Visible emissions are limited to an opacity of less than or equal to 20% except as specified in Rule 336.41.
11. Sulfur dioxide emissions shall not exceed 2.4 pounds per million BTUs of heat input. This is equivalent to using ~~oil~~ ^{coal} with a 1.5% sulfur content and a heat value of 12,000 BTUs per pound.

Coal
see next page

STATE OF MICHIGAN TRANSMITTAL

TO:	NAME	TO:	NAME
1.	Jim Gessner, The Detroit Edison Company		
2.	✓ Tom Maki, District Engineer, Air Quality Division		
3.		7.	
4.		8.	

FOR ACTION AS INDICATED

- | | | |
|---|--|---|
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> REPLY-MY SIGNATURE | <input type="checkbox"/> NOTE AND FORWARD |
| <input type="checkbox"/> APPROVAL | <input type="checkbox"/> REPLY-COPY TO ME | <input checked="" type="checkbox"/> NOTE AND FILE |
| <input type="checkbox"/> ACTION | <input type="checkbox"/> PLEASE SUMMARIZE | <input type="checkbox"/> NOTE AND RETURN |
| <input type="checkbox"/> COMMENTS | <input type="checkbox"/> PLEASE INVESTIGATE | <input type="checkbox"/> PLEASE PHONE ME |
| <input checked="" type="checkbox"/> INFORMATION | <input type="checkbox"/> FORWARDED PER REQUEST | <input type="checkbox"/> PLEASE SEE ME |

REMARKS:

Permit No. 106-77

Please note Special Condition no. 11 has been corrected to read "coal" instead of oil.

FROM

Mary Kasper

DATE

9-6-79

Attachment P
Follow-up Correspondence



E. B. EDDY PAPER, INC.

September 10, 1996

Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

State Emergency Response Commission
Michigan Department of State Police
Emergency Management Division
300 S. Washington Square
Lansing MI 48909

RE: EPA Community Right-to-Know Notification Rule

Under the Emergency Planning section of the Community Right-To-Know Rule, each facility where any extremely hazardous substance is present at any one time in excess of its threshold planning quantity, must notify the emergency response commission for the state in which the facility is located. In addition, a facility emergency coordinator must be designated.

This letter is to inform you of an emergency coordinator update.

Our emergency coordinator is Kenneth Wood, Maintenance Manager
Work Address: 1700 Washington Ave., Port Huron MI 48060
work (810) 984-9538 pager (810) 406-2628

We are currently working with the St. Clair County LEPC to update the response plan that was originally developed by the Port Huron Fire Department.

If you have any questions, please feel free to contact me at 810-982-0191.

Sincerely,

Christine J. Lupu
Environmental Engineer

cc: St. Clair County LEPC

Attachment Q

Preamble to E.B. Eddy Paper, Inc, Response to U.S. EPA's CERCLA Section 104 (e)

Request for Information



E. B. EDDY PAPER, INC.

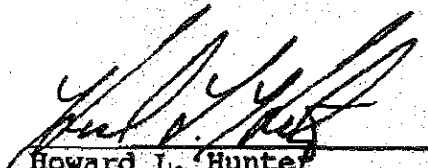
Phone: (810) 982-0191
Fax: (810) 982-7124

1700 Washington Ave.
P.O. Box 5003
Port Huron, Michigan
48061-5003

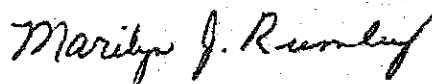
CERTIFICATION OF CERCLA SECTION 104(E) RESPONSES

E. B. Eddy Paper, Inc. declares and certifies that the information provided in its response to this Information Request is true, accurate and complete.

Respectfully submitted,
E. B. Eddy Paper, Inc.


Howard L. Hunter
Technical Director

Dated: 1 December 95


MARILYN J. RUMLEY
NOTARY PUBLIC - ST CLAIR COUNTY, MI
MY COMMISSION EXPIRES 12/06/06

Preamble to E.B. Eddy Paper, Inc. response to U.S. EPA's CERCLA Section 104(e) Request for Information

E. B. Eddy Paper, Inc. ("E. B. Eddy") responds to U. S. EPA's CERCLA Section 104(e) Request for Information pursuant to its obligations under CERCLA. However, as will be explained more fully below (and explained in specific Information Request responses), on September 5, 1995, E. B. Eddy was not in possession, control, or responsible for the installation, operation or maintenance of the anhydrous ammonia or the storage tank system which is the subject of the information requests.

The facility in question is a pulp manufacturing plant owned by Blue Water Fiber Limited Partnership ("Blue Water Fiber"). E. b. Eddy, and Rust Engineering ("Rust") are each 50% partners in Blue Water Fiber. The waste treatment facility is located on E. B. Eddy-owned property, but is leased to Blue Water Fiber.

Blue Water Fiber manufactures paper pulp from recycled office waste paper for sale as market post-consumer recycled pulp. Under a March 1, 1994 Services Agreement between Blue Water Fiber and E. B. Eddy, Blue Water Fiber constructed a wastewater treatment plant to accommodate wastewater effluent from Blue Water Fiber's pulp production facility. The anhydrous ammonia stored at the wastewater treatment facility is consumed in the waste water treatment plant as vapor ammonia, as a nutrient in the treatment process.

As of September 5, 1995, and during the months prior to that date, the construction of the wastewater treatment plant and the installation of the ammonia storage tank was considered "start up", or in a pre-mechanical completion status. E. B. Eddy acquired the responsibility for maintenance and operation of the tank once the entire facility was deemed mechanically complete.

On September 5, 1995, because that date was prior to mechanical completion, the installation and maintenance duties were handled by Rust, and its subcontractor, Stanley Jones Company. Stanley Jones arranged for the installation of the tank and the separate vaporizer loop heating assembly. Stanley Jones arranged for the tank's placement on pilings, and connected the vaporizer loop assembly to the tank. Again, E.B. Eddy had no involvement in the installation of the tank/heater assembly.

As a result, on September 5, 1995, when the very minor ammonia release occurred, E. B. Eddy had neither the authority nor the control to address the incident. The incident was addressed, contained and satisfactorily resolved by Rust and Stanley Jones.

Question 14: How much of each hazardous substance was released? Describe your method or source of information in calculating the quantity released and provide the calculations.

14. The worst case scenario is that 17.28 pounds of vapor ammonia were released on September 5, 1995. The ammonia that was released was the amount contained in the vaporizer loop and the worst case calculations assume that the entire vaporizer loop volume was filled with liquid anhydrous ammonia, which was not the case.

Heater: Each Tube = 5 feet Number of tubes = 2 Diameter = 2 inches

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(2)^2}{4} = 3.14 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .02 \text{ ft}^2$$

$$.02 \text{ ft}^2 \times 10 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{7.54 \text{ pounds}}$$

Line from: Piping length = 22 inches = 1.83 feet Diameter = 1 1/2 inch
tank to
heater

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(1.5)^2}{4} = 1.77 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .01 \text{ ft}^2$$

$$.01 \text{ ft}^2 \times 1.83 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{.69 \text{ pounds}}$$

Line from: Piping length = 12 feet Diameter = 2 inches
heater to
top of tank

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(2)^2}{4} = 3.14 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .02 \text{ ft}^2$$

(Should not
be filled with
liquid)

$$.02 \text{ ft}^2 \times 12 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{9.05 \text{ pounds}}$$

$$\text{Therefore worst case equals: } 7.54 + .69 + 9.05 = \boxed{17.28 \text{ pounds}}$$

It would be realistically expected that the pipe would contain liquid ammonia filled to a height equal to a height of that of the level in the tank. Therefore, a more realistic calculation of the estimated release would be 12.75 pounds.

Heater: Each Tube = 5 feet Number of tubes = 2 Diameter = 2 inches

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(2)^2}{4} = 3.14 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .02 \text{ ft}^2$$

$$.02\text{ft}^2 \times 10 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{7.54 \text{ pounds}}$$

Line from: Piping length = 22 inches = 1.83 feet Diameter = 1 1/2 inch
tank to
heater

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(1.5)^2}{4} = 1.77 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .01 \text{ ft}^2$$

$$.01 \text{ ft}^2 \times 1.83 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{.69 \text{ pounds}}$$

Line from: Piping length = 6 feet Diameter = 2 inches
heater to
top of tank

$$\frac{\pi(d)^2}{4} = \frac{(3.14)(2)^2}{4} = 3.14 \text{ in}^2 \times 1\text{ft}^2/144\text{in}^2 = .02 \text{ ft}^2$$

$$.02\text{ft}^2 \times 6 \text{ feet} \times 7.48 \text{ gal/ft}^3 \times 5.04 \text{ lbs/gal} = \boxed{4.52 \text{ pounds}}$$

$$\text{Therefore worst case equals: } 7.54 + .69 + 4.52 = \boxed{12.75 \text{ pounds}}$$

E. B. EDDY PAPER, INC.
Port Huron, Michigan

Fax Transmission: 7 Pages, Including This Cover

To: Raghu Nagam

Fax No: (312) 578 9345

From: Chris Lupu

Fax No: (810) 982 3223

Date: 9-23-96

Time: 11:15 am

If this transmission is not clear or incomplete, phone (810) 982-0191 ext 252 and ask for Jim Z

Comments:

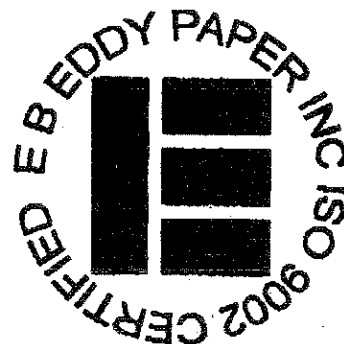
Raghu,

I am following up with the information you had requested. Attached you will find 4 pages dealing with the Ammonia response, 1 page containing letter to SERC dealing with emergency coordinator status, and 1 page stating the August 30th opacity readings after review of the strip chart. In addition, you had asked for information on the boilers. It is as follows:

#2 Boiler	69×10^6 BTU/HR	Built 1960 Installed here in 1966
#4 Boiler	91×10^6 BTU/HR	Built 1937
#5 Boiler	196×10^6 BTU/HR	Built 1968

Please feel free to contact me if you have any further questions.

Chris Lupu





E. B. EDDY PAPER, INC.
PORT HURON, MICHIGAN

MEMORANDUM

DATE: September 20, 1996
TO: Chris Lupu
FROM: Randy McNeely *RSM*
SUBJECT: Opacity
COPY TO:

Upon examination of the continuous strip chart, it was determined that the opacity at #5 Boiler stack was 0% during the entire time period of 10:00 am until 12:00 noon on August 30, 1996.

Exhibit A
Notice of Inspection

**NOTICE OF INSPECTION**

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) and
Comprehensive Environmental Response, Compensation and Liability Act (CERCLA)

1. INVESTIGATION IDENTIFICATION			2. TIME	3. FIRM NAME
DATE 8/30/96	INSPECTOR NO.	DAILY SEQ. NO.	10:40	E.B. EDDY PAPER, INC.
4. INSPECTOR ADDRESS United States Environmental Protection Agency Region 5 77 West Jackson Boulevard Chicago, Illinois 60604				5. FIRM ADDRESS 1700 WASHINGTON AVE P.O. BOX 5003 PORT HURON, MI 48061-5003

REASON FOR INSPECTION: This inspection is for the purpose of determining compliance with the Emergency Planning and Community Right-to-Know Act of 1986 and Section 103 of the Comprehensive Environmental Response, Compensation and Liability Act as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA). The scope of this inspection may include, but is not limited to: reviewing and obtaining copies of documents and records; interviews and taking of statements; reviewing of chemical manufacturing, importing, processing, and/or use facilities, including waste handling and treatment operations; taking samples and photographs; and any other inspection activities necessary to determine compliance with the Act.

INSPECTOR SIGNATURE Raghu Nagan		RECIPIENT SIGNATURE Christine J. Lupu	
NAME RAGHU NAGAN		NAME Christine J. Lupu	
TITLE START - E4E	DATE SIGNED 8/30/96	TITLE Environmental Engineer	DATE 8/30/96

Exhibit B

Receipt for Samples and Documents

Exhibit C

Photo documentation



Site: E.B. Eddy Paper Company Location: Port Huron, Michigan
 TDD: S05-9603-025 Date: 08/30/96 Time: 1115 Hrs Photographer: R. Nagam
 Description: View of the chemical storage area and the boiler area



Site: E.B. Eddy Paper Company Location: Port Huron, Michigan
 TDD: S05-9603-025 Date: 08/30/96 Time: 1115 Hrs Photographer: R. Nagam
 Description: View of the stack connected to coal boiler and equipped with elector static precipitator



U.S. Environmental Protection Agency
Region 5 - Air and Radiation

State Implementation Plans

[HELP??!](#)[Home](#)[Other
Regs](#)[Feedback](#)[Print](#)[IL](#)[IN](#)[MI](#)[MN](#)[OH](#)[WI](#)[Previous
Page](#)[Next
Page](#)[Search](#)

State of Michigan

Main Heading:	Part 4. Emission Limitations and Prohibitions - Sulfur-bearing compounds
Subheading:	R336.1402 Emission of sulfur dioxide from fuel-burning sources other than power plants
Item Subpart:	R336.1402

► Citations & Dates

Regulatory Text:

Rule 402. (1) Except as provided in rule 401 and subrule (2), after January 1, 1981, it is unlawful for a person to cause or allow the emission of sulfur dioxide from the combustion of any coal or oil fuel in excess of 1.7 pounds per million Btu's of heat input for oil fuel or in excess of 2.4 pounds per million Btu's of heat input for coal fuel.

(2) The provisions of this rule do not apply to a fuel-burning source that is unable to comply with the specified emission limits because of sulfur dioxide emissions caused by the presence of sulfur in other raw materials charged to the fuel-burning source. This exception shall apply if at any time the actual sulfur dioxide emission rate exceeds the expected theoretical sulfur dioxide emission rate from fuel burning. The expected theoretical sulfur dioxide emission rate shall be based on quantity of fuel burned and the average sulfur content of the fuel.

AIR AND RADIATION DIVISION
77 WEST JACKSON BOULEVARD (A-18J)
CHICAGO, ILLINOIS 60604
(800) 621-8431 OR (312) 353-2212

This SIP Citation Was Last Modified on: 08/04/97